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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749139 (2)

1. Corporation Name

SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF M
ARCO ISLAND, INC.

Principal Place of Business

Mailing Address

380 SEAVIEW CT
MARCO ISLAND FL 33997 34145380 SEAVIEW CT
MARCO ISLAND FL 34145-29153. Date Incorporated or Qualified
10/01/19793a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2513174Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALAKA, ART
440 SEAVIEW CT.
MARCO ISLAND FL 33997 34145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MADONNA, RALPH F.
STREET ADDRESS 380 SEAVIEW CT
CITY-ST-ZIP MARCO ISLAND, FL 00000

DELETE

1.1 TITLE Vice President
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME HEPP, MARIE
STREET ADDRESS 380 SEAVIEW CT
CITY-ST-ZIP MARCO ISLAND, FL 00000

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE ST
NAME MADDEN, GERALD
STREET ADDRESS 440 SEAVIEW CT
CITY-ST-ZIP MARCO ISLAND, FL 00000

DELETE

3.1 TITLE President
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BUSSEY, HARRY JR.
STREET ADDRESS 440 SEAVIEW CT
CITY-ST-ZIP MARCO ISLAND, FL 00000

DELETE

4.1 TITLE Treasurer
4.2 NAME Janis, Dino
4.3 STREET ADDRESS 235 S. Montclair Lane
4.4 CITY-ST-ZIP Wood Dale, IL. 60191

Change Addition

TITLE D
NAME BUSSEY, JOYCE
STREET ADDRESS 440 SEAVIEW CT.
CITY-ST-ZIP MARCO ISLAND, FL 00000

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME CROSSLEY, ALAN
STREET ADDRESS 440 SEAVIEW CT
CITY-ST-ZIP MARCO ISLAND FL

DELETE

6.1 TITLE Secretary
6.2 NAME Mangiardi, Joseph
6.3 STREET ADDRESS 11705 Bowen Parkway
6.4 CITY-ST-ZIP Roscoe, IL. 61073

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000571

CR2E037 (9/96)