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Feb 16, 1999 8:00 am
Secretary of State

02-16-1999 90034 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749313

1. Corporation Name
SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 737 E. GULF DR. P.O. BOX 625 SANIBEL FL 33957	Mailing Address P.O. BOX 100 P.O. BOX 625 SANIBEL FL 33957 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/15/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1901527 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JAMBECK, NICK
 1633 PERIWINKLE WAY
 STE G
 SANIBEL FL 33957

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWTHORNE, RICHARD L	1.2 NAME	
STREET ADDRESS	737 E GULF DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY CLUMPNER	2.2 NAME	
STREET ADDRESS	737 E GULF DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, FIELD	3.2 NAME	
STREET ADDRESS	737 E GULF DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISL, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DAVID	4.2 NAME	
STREET ADDRESS	737 E GULF DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISL, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SPROTTE	5.2 NAME	
STREET ADDRESS	737 E GULF DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Julius W. Wasson (NOTE: Signature of Julius W. Wasson) 1/19/98 (941) 472-5020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)