

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16, 1999 8:00 am
Secretary of State

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

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/15/1979

4. FEI Number

59-1901527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HAWTHORNE, RICHARD L
STREET ADDRESS
737 E GULF DR
CITY-ST-ZIP
SANIBEL FL

TITLE ☐ DELETE

NAME
KATHY CLUMPNER
STREET ADDRESS
737 E GULF DR
CITY-ST-ZIP
SANIBEL ISLAND, FL 00000

TITLE ☐ DELETE

NAME
WASSON, FIELD
STREET ADDRESS
737 E GULF DR
CITY-ST-ZIP
SANIBEL ISL, FL 00000

TITLE ☐ DELETE

NAME
HARRISON, DAVID
STREET ADDRESS
737 E GULF DR
CITY-ST-ZIP
SANIBEL ISL, FL 00000

TITLE ☐ DELETE

NAME
ROBERT SPROTTE
STREET ADDRESS
737 E GULF DR
CITY-ST-ZIP
SANIBEL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Field Wasson **FIELD WASSON** 1/19/98 (941) 472-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)