


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 749139</b> 1. Corporation Name <b>SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF MARCO ISLAND, INC.</b>			
Principal Place of Business <b>380 SEAVIEW CT MARCO ISLAND FL 34145 US</b>		Mailing Address <b>380 SEAVIEW CT MARCO ISLAND FL 33937</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>10/01/1979</b>	
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2513174</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SCHMIDT, GEORGE 440 SEAVIEW CT. #909 MARCO ISLAND FL 34145</b>		10. Name and Address of New Registered Agent <b>81 Name PAUL GRIFFITH 82 Street Address (P.O. Box Number is Not Acceptable) May-Oct 110 Hornbill Court Lewes, DE 19958 83 Nov-April 380 Seaview Ct. #206 84 City Marc Island FL 85 Zip Code 34145</b>	
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 <i>Paul Griffith</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLER, HERB 4926 GOULETTE POINT NEW BALTIMORE MI 48047	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSSEY, JOYCE SERPENTINE DRIVE PO BOX 305 NAVESINK NJ 07752	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEPP, MARIE 440 SEAVIEW CT #912 MARCO ISLAND, FL 00000 34145	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWBER, VIVIAN 14 LAKEVIEW PLAVE CENTER MORICHES NY 11934	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINO, JANIS 314 ST. ANDREWS DRIVE WOOD DALE IL 60191	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZDERKA, ROB 5221 N. SADDLEROCK PHOENIX AZ 85018	<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director Paul Pratico 3537 E. 1200 N. Roanoke, IN 46783	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11, 1999

Date

Daytime Phone #