2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # 749313 1. Entity Name SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC. 04-25-2000 90124 024 ****61.25 Principal Place of Business Mailing Address 737 E. GULF DR. P.O. BOX 100 P.O. BOX-625 P.O. BOX 625 SANIBEL FL 33957-0625 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1901527 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) JAMBECK, NICK 1633 PERIWINKLE WAY STE G Zip Code City SANIBEL FL 33957 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete Delete HAWTHORNE. RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS 737 E GULF DR CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL SD Delete ☐ Change Addition TITLE TITLE NAME KATHY CLUMPNER NAME STREET ADDRESS STREET ADDRESS 737 E GULF DR CITY-ST-ZIP CITY-ST-ZIP SANIBEL ISLAND, FL 00000 ☐ Change Addition Delete TITLE TITLE NAME WASSON, FIELD NAME STREET ADDRESS STREET ADDRESS 737 E GULF DR CITY-ST-7IP CITY-ST-ZIP SANIBEL ISL, FL 00000 メエレ Change ☐ Addition TITLE ☐ Delete TITLE NAME HARRISON, DAVID NAME STREET ADDRESS STREET ADDRESS 737 E GULF DR CITY-ST-ZIP CITY-ST-ZIP SANIBEL ISL, FL 00000 Change Delete TITLE ■ Addition TITLE ROBERT SPROTTE NAME NAME STREET ADDRESS STREET ADDRESS 737 E GULF DR CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL Rodition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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

CITY-ST-ZIP

4/5/00 94/ 472 30