

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90124 024 ****61.25

DOCUMENT # 749313

1. Entity Name

SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

737 E. GULF DR.
P.O. BOX 625
SANIBEL FL 33957

P.O. BOX 100
~~P.O. BOX 625~~
SANIBEL FL 33957-0625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1901527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMBECK, NICK
1633 PERIWINKLE WAY
STE G
SANIBEL FL 33957

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME **Tom Ware**
STREET ADDRESS **8 Chickadee Ln**
CITY-ST-ZIP **N. OAKS, MN**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **STD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **ROBERT SPROTTE**
STREET ADDRESS **737 E GULF DR**
CITY-ST-ZIP **SANIBEL FL**

TITLE **VD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Hanner, Richard**
STREET ADDRESS **737 E GULF #A3**
CITY-ST-ZIP **SANIBEL, FL 33957**

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.

SIGNATURE: Field Wasson **4/5/00** **941 472 3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)