2000 UNIFORM BUSINESS REPORT (UBR) 2/2! DOCUMENT # **749139** May 16, 2000 8:00 am 1. Entity Name Secretary of State SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF M 02-29-2000 90137 048 ****61.25 Principal Place of Business Mailing Address 380 SEAVIEW CT 380 SEAVIEW CT MARCO ISLAND FL 34145-2915 MARCO ISLAND FL 34145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2513174 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRIFFITH, PAUL Seaview Court #1911 380 SEAVIEW CT #206 MARCO ISLAND FL 34145 8. The above named entity submits this statement for the purpose of changing its registered office of 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE Delete. TITLE NAME BELLER, HERB NAME STREET ADDRESS STREET ADDRESS **4926 GOULETTE POINT** CITY-ST-ZIP CITY-ST-ZIP **NEW BALTIMORE MI 48047** Change ☐ Addition ☐ Delete TITLE TITLE NAME BUSSEY, JOYCE NAME STREET ADDRESS STREET ADDRESS SERPENTINE DRIVE PO BOX 305 CITY-ST-ZIP CITY-ST-ZIP NAVESINK NJ 07752 Delete TITLE TITLE. ary Ann Holar 5 N. Harbor HEPP. MARIE NAME NAME STREET ADDRESS STREET ADORESS 440 SEAVIEW CT #912 CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND, FL 00000 34145 Addition TITLE Change ☐ Delete TITLE PRATICO, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 3537 E 1200 N CITY-ST-ZIP CITY-ST-ZIP **ROANOKE IN 46783** T1 Change ☐ Addition ☐ Delete TIME DINO, JANIS NAME STREET ADDRESS STREET ADDRESS 314 ST. ANDREWS DRIVE CITY-ST-ZIP CITY-ST-ZIP WOOD DALE IL 60191 Addition X TITLE Delete TITLE NAME PAZDERKA, ROB NAME STREET ADDRESS STREET ADDRESS 5221 N. SADDLEROCK CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85018 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 it made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered of 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:

BEQUIRED ICHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phona #