FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am Secretary of State DOCUMENT # 749313 1. Entity Name 03-09-2001 90008 044 ****61.25 SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 737 E. GULF DR. P.O. BOX 100 #.O-BOX 625 P.O. BOX 625 SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 00 City & State Applied For 59-1901527 Not Applicable Country 15 Zip Country \$8.75 Additional 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) JAMBECK, NICK 1833 PERIWINKLE WAY STER Zip Code 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$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. D ☐ Delete TITLE TITLE ☐ Change Addition WARE, TOM NAME NAME STREET ADDRESS STREET ADDRESS **8 CLICKADUE LANE** CITY-ST-ZIP CITY-ST-ZIP N OAKS MN ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME WASSON, FIELD NAME STREET ADDRESS STREET ADDRESS 737 E GULF DR CITY-ST-ZIP CITY-ST-ZIP SANIBEL ISL, FL 00000 TITLE ☐ Delete TITLE ☐ Change Addition HARRISON, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 737 E GULF DR CITY-ST-ZIP SANIBEL ISLAND FL CITY-ST-ZIP TIT! F Delete Change □ Addition ROBERT SPROTTE NAME NAME STREET ADDRESS 737 E GULF DR STREET ADDRESS CITY-ST-ZIP SANIBEL FL CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition HAMPER, RICHARD NAME NAME STREET ADDRESS 737 E GULF # A3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Daytime Phone #