

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0071011

**DOCUMENT # 749313**

1. Entity Name

**SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.**

03-09-2001 90008 044 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.  
 P.O. Box 100

DO NOT WRITE IN THIS SPACE

City & State

City & State  
 Sanibel FL

4. FEI Number

59-1901527

Applied For

Not Applicable

Zip

Country

Zip

Country

33957 US

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JAMBECK, NICK  
 1699 PERIWINKLE WAY  
~~STE 0~~  
 SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 703 Tarpon Bay Rd, Ste B  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	WARE, TOM	8 CLICKADUE LANE N OAKS MN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	WASSON, FIELD	737 E GULF DR SANIBEL ISL, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	STD	HARRISON, DAVID	737 E GULF DR SANIBEL ISLAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	ROBERT SPOTTE	737 E GULF DR SANIBEL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HAMPER, RICHARD	737 E GULF # A3 SANIBEL FL 33957	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-01

Date

Daytime Phone #

CR2E037 (10/00)