

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749139

1. Entity Name

SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF MARCO ISLAND, INC.

Principal Place of Business

380 SEAVIEW CT
MARCO ISLAND FL 34145
US

Mailing Address

380 SEAVIEW CT
MARCO ISLAND FL 33937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2513174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMOUCÉ, ROBERT C
SAMOUCÉ, MURRELL, & FRANCOEUR, PA
800 LAUREL OAK DRIVE SUITE 300
NAPLES FL 34108**

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 **P** ☐ Delete
NAME **HOLAN, MARY A**
STREET ADDRESS **195 N HARBOR DRIVE #2003**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BUSSEY, JOYCE**
STREET ADDRESS **SERPENTINE DRIVE PO BOX 305**
CITY-ST-ZIP **NAVESINK NJ 07752**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SIENKO, ROGER**
STREET ADDRESS **53315 BEECHWOOD**
CITY-ST-ZIP **SHELBY TOWNSHIP MI 48316**

TITLE ☐ Change ☐ Addition
NAME **BILL KNAPP - SECRETARY**
STREET ADDRESS **1142 KURLONG DRIVE**
CITY-ST-ZIP **LIBERTYVILLE IL 60048**

TITLE **D** ☐ Delete
NAME **EASTON, ALEXANDRA**
STREET ADDRESS **546 ZORN LANE**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **STIBLING, ROLAND**
STREET ADDRESS **21242 PHEASANT TRAIL**
CITY-ST-ZIP **DEER PARK IL 60010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DAWBER, THOMAS**
STREET ADDRESS **378 WALES COURT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition
NAME **GILMORE - WILLIAM - DIRECTOR**
STREET ADDRESS **440 SEAVIEW CT. # 704**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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 within the state of Florida.

SIGNATURE: *[Signature]*

THOMAS DAWBER Treasurer

04-08-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)