


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 001 ****61.25

DOCUMENT # 749313	
1. Entity Name SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 737 E. GULF DR. P.O. BOX 625 SANIBEL, FL 33957	Mailing Address P.O. BOX 100 SANIBEL, FL 33957 US
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2. Principal Place of Business	3. Mailing Address PO BOX 190
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142004 Chg-NP CR2E037 (10/03)

City & State SANIBEL FL	4. FEI Number 59-1901527	Applied For <input type="checkbox"/> Not Applicable
Zip 33957	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMBECK, NICK
 703 TARPON BAY ROAD STE B
 SANIBEL, FL 33957

7. Name and Address of New Registered Agent

Name: DAUE OWENS
 Street Address (P.O. Box Number is Not Acceptable): 695 TARPON BAY RD #5
 City: SANIBEL FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	WARE, TOM 8 CLICKADUE LANE N OAKS, MN
TITLE: PD <input type="checkbox"/> Delete	WASSON, FIELD 737 E GULF DR SANIBEL ISL, FL 00000,
TITLE: STD <input type="checkbox"/> Delete	HARRISON, DAVID 737 E GULF DR SANIBEL ISLAND, FL
TITLE: VD <input type="checkbox"/> Delete	ROBERT SPOTTE 737 E GULF DR SANIBEL, FL
TITLE: D <input type="checkbox"/> Delete	HAMMER, RICHARD 737 E GULF # A3 SANIBEL, FL 33957
TITLE: <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: ASST TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DAUE OWENS PO BOX 190 SANIBEL, FL 33957
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]* DAVID A OWENS AT DATE: 4/30/04 DAYTIME PHONE #: 279.472-1439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR