


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90282 017 ****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 PO BOX 190 SANIBEL, FL 33957 US	
2. Principal Place of Business		3. Mailing Address <i>12893 Banyan Creek Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Fort Myers FL</i>	
Zip	Country	Zip <i>33908</i>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OWENS, DAVE 695 TARPON BAY RD #5 SANIBEL, FL 33957		Name <i>DAVE OWENS</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>12893 Banyan Creek Drive</i>	
		City <i>Fort Myers</i>	
		State FL	
		Zip Code <i>33908</i>	
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 <i>[Signature]</i>		DATE <i>2/15/05</i>	
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, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, TOM	NAME	
STREET ADDRESS	8 CLICKADUE LANE	STREET ADDRESS	
CITY-ST-ZIP	N OAKS, MN	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, FIELD	NAME	
STREET ADDRESS	737 E GULF DR	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISL, FL 00000,	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DAVID	NAME	
STREET ADDRESS	737 E GULF DR	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND, FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SPOTTE	NAME	
STREET ADDRESS	737 E GULF DR	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMER, RICHARD	NAME	
STREET ADDRESS	737 E GULF # A3	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, DAVE	NAME	
STREET ADDRESS	PO BOX 190	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	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.			
SIGNATURE: <i>[Signature]</i>		Date <i>2/15/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>239-472-1439</i>	