NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2006 8:00 am
Secretary of State
06-23-2006 90009 017 ****61.25

DOCUMENT # 749139

1. Entity Name
South Seas Northwest Condominium Apartments of Marco Island, INC

DO NOT WRITE IN THIS SPACE

40096802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SSNW Condominiums	380 Seaview Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 Country: USA	Zip: 34145 Country: USA

4. FEI Number: 59-2303364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
President Eli Shuter 380 Seaview ct. #1908 Marco Island, FL 34145	
Ralph Avery, Treasurer 440 Seaview Court #1503 Marco Island, FL 34145	
Secretary Betty Sheridan 440 Seaview Court #208 Marco Island FL 34145	DO NOT WRITE
Vice President Jim Wenninger 440 Seaview Ct. 1611 Marco Island, FL 34145	IN THIS SPACE
Bob Day, Director 380 Seaview Ct. #903 Marco Island, FL 34145	
Helb Beller, Director 380 Seaview Ct. 1101 Marco Island, FL 34145	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 6/20/06 239-394-8826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eli Shuter