

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90035 029 ****61.25

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 34145 US**

40011000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2303364

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

**SAMOUCE, ROBERT C
SAMOUCE, MURRELL, & GAL, PA
5405 PARK CENTRAL COURT
NAPLES, FL 34109**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SHUTER, ELI MR**
STREET ADDRESS **6240 MCPHERSON AVE**
CITY-ST-ZIP **ST. LOUIS, MO 63130**

TITLE **D** ☒ Change ☐ Addition
NAME **Shuter, Eli Dr.**
STREET ADDRESS **6240 McPherson Ave**
CITY-ST-ZIP **St. Louis, MO 63130**

TITLE **D** ☐ Delete
NAME **AVERY, RALPH MR**
STREET ADDRESS **440 SEAVIEW CT. APT 1503**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **P** ☒ Change ☐ Addition
NAME **Avery, Ralph Mr.**
STREET ADDRESS **440 Seaview Court #1503**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE **D** ☐ Delete
NAME **SHERIDAN, ELIZABETH MRS.**
STREET ADDRESS **12 DOANE TERRACE**
CITY-ST-ZIP **SOUTH HADLEY, MA 01075**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Sheridan, Elizabeth Mrs.**
STREET ADDRESS **12 Doane Terrace**
CITY-ST-ZIP **South Hadley, MA 01075**

TITLE **S** ☐ Delete
NAME **DAY, ROBERT MR.**
STREET ADDRESS **290 MARYL HURST DRIVE**
CITY-ST-ZIP **DAYTON, OH 45459**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Day, Robert Mr.**
STREET ADDRESS **290 Maryl Hurst Drive**
CITY-ST-ZIP **Dayton, OH 45459**

TITLE **T** ☒ Delete
NAME **GAFFNEY, PATRICK MR.**
STREET ADDRESS **555 CORTLAND DRIVE**
CITY-ST-ZIP **LAKE ZURICH, IL 60047**

TITLE **Seller** ☐ Change ☐ Addition
NAME **Beller, Herbert Mr.**
STREET ADDRESS **49626 Gwolle Point**
CITY-ST-ZIP **New Baltimore, MI 48047**

TITLE **VP** ☐ Delete
NAME **WENNINGER, JAMES MR.**
STREET ADDRESS **20765 VINCENT DRIVE**
CITY-ST-ZIP **BROOKFIELD, WI 53045**

TITLE **Kargacos, Andrew Mr.** ☐ Change ☒ Addition
NAME **PO Box 590**
STREET ADDRESS **Grantham, NH 03753 (pls see next pg)**
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

R.O. Avery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


1/22/07

Date

Daytime Phone #

239-394-8826

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 749139	
1. Entity Name SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF MARCO ISLAND, INC.	

ATTACHMENT

40011296

Principal Place of Business 380 SEAVIEW CT MARCO ISLAND, FL 34145 US	Mailing Address 380 SEAVIEW CT MARCO ISLAND, FL 34145 US
------------------------------------------------------------------------------------	------------------------------------------------------------------------

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City & State	City & State
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Fee Required**

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Trust Fund Contribution. ☐ **\$5.00 May Be
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**Make check payable to
Florida Department of State**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUTER, ELI MR 6240 MCPHERSON AVE ST. LOUIS, MO 63130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Innes, Bill Mr. 21 Hawthorne Drive Atkinson, NH 03811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERY, RALPH MR 440 SEAVIEW CT. APT 1503 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIDAN, ELIZABETH MRS. 12 DOANE TERRACE SOUTH HADLEY, MA 01075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAFFNEY, PATRICK MR. 555 CORTLAND DRIVE LAKE ZURICH, IL 60047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENNINGER, JAMES MR. 20765 VINCENT DRIVE BROOKFIELD, WI 53045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: R. O. Avery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #