

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

FILED
08 NOV -6 AM 11:06
CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08
10/23/08 10:23:08 AM EST 99 (1/07)

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

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

SAMOUC, ROBERT C
SAMOUC, 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

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	SHUTER, ELI DR	
STREET ADDRESS	6240 MCPHERSON AVE	
CITY-ST-ZIP	ST. LOUIS, MO 63130	
TITLE	P	☐ Delete
NAME	AVERY, RALPH MR	
STREET ADDRESS	440 SEAVIEW CT. APT 1503	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	S	☐ Delete
NAME	SHERIDAN, ELIZABETH MRS.	
STREET ADDRESS	12 DOANE TERRACE	
CITY-ST-ZIP	SOUTH HADLEY, MA 01075	
TITLE	T	☐ Delete
NAME	DAY, ROBERT MR.	
STREET ADDRESS	290 MARYL HURST DRIVE	
CITY-ST-ZIP	DAYTON, OH 45459	
TITLE	D	☒ Delete
NAME	BELLER, HERBERT MR	
STREET ADDRESS	49626 GUOLETTE 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		☐ Change ☒ Addition
NAME	10/23/08 01031-002 **236.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☐ Change ☒ Addition
NAME	Andy Kargacs	
STREET ADDRESS	PO Box 540	
CITY-ST-ZIP	3 Eagle Drive Grantham, NH 03753	
TITLE	D	☐ Change ☒ Addition
NAME	Bill Jones	
STREET ADDRESS	21 Hawthorne Drive	
CITY-ST-ZIP	Atkinson, NH 03811	
TITLE		☐ Change ☐ Addition
NAME	300137425203	
STREET ADDRESS	10/29/08--01031--002 **236.25	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: X R.D. Avery RALPH O. AVERY 10-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

For RA
Signature Only



REINSTATEMENT 08

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		
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
4. FEI Number 59-2303384				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMOUCÉ, ROBERT C SAMOUCÉ, MURRELL, & GAL, PA 5405 PARK CENTRAL COURT NAPLES, FL 34109			7. Name and Address of New 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 11/4/08 Signature, typed or printed name of registered agent and FEI is applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			Make check payable to: Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHUTER, ELI DR 8240 MCPHERSON AVE ST. LOUIS, MO 83130 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	10/25/08 01031-002 ***236.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P AVERY, RALPH MR 440 SEAVIEW CT, APT 1503 MARCO ISLAND, FL 34145 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Andy Kargacs PO Box 540 3 Eagle Drive Grafton, NH 03753 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SHERIDAN, ELIZABETH MRS. 12 DOANE TERRACE SOUTH HADLEY, MA 01075 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Bill Jones 21 Hawthorne Drive Attitash, NH 03811 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DAY, ROBERT MR. 290 MARYL HURST DRIVE DAYTON, OH 45458 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300137425203 10/29/08--01031--002 ***236.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BELLER, HERBERT MR 49626 GUALETTE POINT NEW BALTIMORE, MI 48047 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WENNINGER, JAMES MR. 20785 VINCENT DRIVE BROOKFIELD, WI 53045 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
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 empowerment.					
SIGNATURE: X R.O. Avery RALPH O. AVERY 10-23-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					