

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 749139

FILED
Oct 12, 2009
Secretary of State

Entity Name: SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF MARCO ISLAND, INC.

Current Principal Place of Business:

380 SEAVIEW CT
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

380 SEAVIEW CT
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 59-2303364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C
SAMOUCÉ, MURRELL, & GAL, PA
5405 PARK CENTRAL COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ROBERT SAMOUCÉ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHUTER, ELI DR
Address: 6240 MCPHERSON AVE
City-St-Zip: ST. LOUIS, MO 63130 US

Title: P () Delete
Name: AVERY, RALPH MR
Address: 440 SEAVIEW CT. APT 1503
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: S () Delete
Name: SHERIDAN, ELIZABETH MRS.
Address: 12 DOANE TERRACE
City-St-Zip: SOUTH HADLEY, MA 01075 US

Title: T () Delete
Name: DAY, ROBERT MR.
Address: 290 MARYL HURST DRIVE
City-St-Zip: DAYTON, OH 45459 US

Title: V () Delete
Name: KARGACOS, ANDY
Address: 3 EAGLE DRIVE
City-St-Zip: GRANTHAM, NH 03753

Title: D () Delete
Name: WENNINGER, JAMES MR.
Address: 20765 VINCENT DRIVE
City-St-Zip: BROOKFIELD, WI 53045 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH AVERY

PD

10/12/2009

Electronic Signature of Signing Officer or Director

Date