

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90222 020 ****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 33937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2513174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMOUCE, ROBERT C
SAMOUCE, MURRELL, & FRANCOEUR, PA
800 LAUREL OAK DRIVE SUITE 300
NAPLES FL 34108**

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 \$61.25

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	<input type="checkbox"/> Delete
NAME	HOLAN, MARY A	
STREET ADDRESS	195 N HARBOR DRIVE #2003	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BUSSEY, JOYCE	
STREET ADDRESS	SERPENTINE DRIVE PO BOX 305	
CITY-ST-ZIP	NAVESINK NJ 07752	
TITLE	S	<input type="checkbox"/> Delete
NAME	KNAPP, BILL	
STREET ADDRESS	1142 FURLONG DRIVE	
CITY-ST-ZIP	LIBERTYVILLE IL 60048	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASTON, ALEXANDRA	
STREET ADDRESS	548 ZORN LANE	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	T	<input type="checkbox"/> Delete
NAME	STIBLING, ROLAND	
STREET ADDRESS	21242 PHEASANT TRAIL	
CITY-ST-ZIP	DEER PARK IL 60010	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, WILLIAM	
STREET ADDRESS	440 SEAVIEW CT #704	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRONIMUS, RAYMOND	
STREET ADDRESS	4717 MAPLE SHADE DRIVE	
CITY-ST-ZIP	HARRISBURG PA 17110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERIDAN, ELIZABETH	
STREET ADDRESS	12 DOANE TERRACE	
CITY-ST-ZIP	SOUTH HADLEY MA 01075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, ROBERT	
STREET ADDRESS	290 MARYL HURST DRIVE	
CITY-ST-ZIP	DAYTON OH 45459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

ROLAND STIBLING REQUIRED AND STIBLING TREASURER

CR2E037 (10/02)