

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90216 019 *****61.25

DOCUMENT # 749313

1. Entity Name

SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

737 E. GULF DR.
P.O. BOX 625
SANIBEL FL 33957

Mailing Address

P.O. BOX 100
SANIBEL FL 33957
US

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 **59-1901527**

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

JAMBECK, NICK
703 TARPON BAY ROAD STE B
SANIBEL FL 33957

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	D	<input type="checkbox"/> Delete
NAME	WARE, TOM	
STREET ADDRESS	8 CLICKADUE LANE	
CITY-ST-ZIP	N OAKS MN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WASSON, FIELD	
STREET ADDRESS	737 E GULF DR	
CITY-ST-ZIP	SANIBEL ISL, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRISON, DAVID	
STREET ADDRESS	737 E GULF DR	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERT SPOTTE	
STREET ADDRESS	737 E GULF DR	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMER, RICHARD	
STREET ADDRESS	737 E GULF # A3	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input 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:

Field Wasson

4/6/03 2394725020

CR2E037 (10/02)