


**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1901527**

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**

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

**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 \_\_\_\_\_ (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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 **FIELD WASSON** 4/6/03 2394725020

CR2E037 (10/02)