

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003039

**Entity Name:** SEA ISLAND APARTMENTS CONDOMINIUM II ASSOCIATION, INC.**FILED**  
**Feb 16, 2022**  
**Secretary of State**  
**4642909420CC****Current Principal Place of Business:**270 SKIFF POINT  
CLEARWATER, FL 33767**Current Mailing Address:**270 SKIFF POINT  
CLEARWATER, FL 33767 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOKOL, JEREMY R ESQ.  
28050 U.S. HIGHWAY 19 NORTH, STE. 402  
CLEARWATER, FL 33761 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title DP  
Name ALLEN, C. STEVE  
Address 270 SKIFF POINT  
City-State-Zip: CLEARWATER FL 33767Title D  
Name WILLIAMS, MARTY  
Address 270 SKIFF POINT  
City-State-Zip: CLEARWATER FL 33767Title D  
Name ROTH, CANDI  
Address 270 SKIFF POINT  
City-State-Zip: CLEARWATER FL 33767Title VP  
Name HINTZ, BRUCE  
Address 270 SKIFF POINT  
City-State-Zip: CLEARWATER FL 33767Title AVP  
Name SAACO, ANN  
Address 270 SKIFF POINT  
City-State-Zip: CLEARWATER FL 33767Title S  
Name ROTH, CANDI  
Address 270 SKIFF POINT  
City-State-Zip: CLEARWATER FL 33767

*I hereby 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 all other like empowered.*

**SIGNATURE: MARTY R WILLIAMS****TREASURER****02/16/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date