

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90045 022 ****61.25

DOCUMENT # 716303

1. Entity Name

SOUTH SEA ISLANDER, INC. A CONDOMINIUM



Principal Place of Business

**231 E LANTANA RD
LANTANA FLA 33462**

Mailing Address

**231 E LANTANA RD
LANTANA FLA FL 33462
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 **59-1237357**

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

**SINCLAIR, SUSAN
231 E. LANTANA ROAD
LANTANA FL 33462-2725**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SIREN, PENTI
231 E LANTANA RD #504
LANTANA FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KENNEDY, MARION
231 E LANTANA RD, UNIT 501
LANTANA FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FONTI, AGNES
231 E LANTANA RD, UNIT 703
LANTANA FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SINCLAIR, SUSAN
231 E LANTANA RD #401
LANTANA FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FINNAN, BEATRICE
231 E. LANTANA ROAD #402
LANTANA FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Marion J. Kennedy

2-27-03

CR2E037 (10/02)