## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 726623**

FILED Jan 26, 2008 Secretary of State

Entity Name: SOUTH SEA APARTMENTS, INC.

Current F	Principal Place of Business:	New Principal Place	of Business:
	TH C STREET		
101-206 LAKE WC	ORTH, FL 33460		
	Mailing Address:	New Mailing Addres	ss:
590 AMA[	IAGEMENT DOR LANE #7 ALM BEACH, FL 33401		
FEI Numbe	r: 65-0523901 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name an	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
590 AMA[ #7	EFFREYN DOR LANE ALM BEACH, FL 33401 US		
	e named entity submits this statement for the terminate of Florida.	e purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	JRE:		
	Electronic Signature of Registered	\aont	
	Electronic Olghature of Registered /	Agent .	Date
OFFICER	RS AND DIRECTORS:		Date ES TO OFFICERS AND DIRECTORS
Title: Name: Address:	PD () Delete SCHMIDT, TOM 606 SOUTH C STREET #103		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () Delete SCHMIDT, TOM 606 SOUTH C STREET #103 LAKE WORTH, FL 33460  VPD () Delete TORVELLO, ARTHUR 606 SOUTH C STREET #102	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () Delete SCHMIDT, TOM 606 SOUTH C STREET #103 LAKE WORTH, FL 33460  VPD () Delete TORVELLO, ARTHUR 606 SOUTH C STREET #102 LAKE WORTH, FL 33460  SD () Delete NIEMININS, ROB 606 SOUTH C STREET #101	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	ES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () Delete SCHMIDT, TOM 606 SOUTH C STREET #103 LAKE WORTH, FL 33460  VPD () Delete TORVELLO, ARTHUR 606 SOUTH C STREET #102 LAKE WORTH, FL 33460  SD () Delete NIEMININS, ROB 606 SOUTH C STREET #101	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARNIE BLUMBERG T 01/26/2008