

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90216 049 ****61.25

DOCUMENT # 736558 1. Entity Name SOUTH SEAS PLANTATION BEACH HOMESITES ASSOCIATION, INC.					
Principal Place of Business SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA, FL 33924 US			Mailing Address P O BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2052542	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	SD BAUMANN, HEINRICH CHEMIN DUMONT-BLANC 8 SWITERLAND, 1270trele	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMANN, HEINRICH 0005 LES SENTIERS 1261 SWITZERLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINN, BARBARA 15710 PIPERS GLEN FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINN, BARBARA 15710 PIPERS GLEN FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERMAN, FRED 934 TIRRIK FARMS SAINT LOUIS, MO 63124	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, FRED 934 TIRRIK FARMS SAINT LOUIS, MO 63124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLER, JOSEPH DR PO BOX 10550 WINONA ONT CANADA, 184554	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLER, JOSEPH DR. PO BOX 10550 WINONA, ONT, CANADA 184554
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, RICHARD 6531 LONGS POINT ROAD NAPLES, NY 14512	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANDUR, BARRY E, VD 161 EAST CHICAGO AVENUE APT 52-A CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OC 6545 BHD 4-12-06	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CELLER, SUSAN 1099 PELHAM ROAD WINNETKA, IL 60093
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Fred Hermann					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/14/06 Daytime Phone #					