

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90043 026 ****61.25

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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**

40070936



2. Principal Place of Business - No P.O. Box #
711 Tarpon Bay Rd.

3. Mailing Address
P.O. Box 100

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State
Sanibel, FL

City & State
Sanibel, FL

Zip
33957

Country
US-A

Zip
33957

Country
USA

4. FEI Number
59-2052542

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND, FL 33924**

7. Name and Address of New Registered Agent

Name
Steven Mackesy

Street Address (P.O. Box Number is Not Acceptable)
711 Tarpon Bay Rd

City
Sanibel

FL Zip Code
33957

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 *Steven Mackesy* **3/28/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
Due by **May 1, 2008**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUMANN, HEINRICH SOUS LES SENTLERS SWITZERLAND, 1261	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baumann, Heinrich Sous Les Sentiers Switzerland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINN, BARBARA 15710 PIPERS GLEN FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINN, JACK 15710 Pipers Glen Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, FRED 934 TIRRIFF FARMS SAINT LOUIS, MO 63124	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Herman, Fred 934 Tirriff Farms Saint Louis, MO 63124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLER, JOSEPH DR PO BOX 10550 WINONA ONT, CANADA, 184554	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peller, Joseph Dr. P.O. Box 10550 Grimsby, Ont. L3M 4E8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, RICHARD 6531 LONGS POINT ROAD NAPLES, NY 14512	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSUR, BARRY E 161 E. CHICAGO AVE. APT. 52-A CHICAGO, IL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Susan Cellmer 1099 Pelham Rd. Winnetka, IL 60093	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; 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: *F. A. Hermann* **3/26/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #