

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736558

FILED
Apr 06, 2009
Secretary of State

Entity Name: SOUTH SEAS PLANTATION BEACH HOMESITES ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPOO BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-2052542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAUMANN, HEINRICH
Address: SOUS LES SENTIERS
City-St-Zip: SWITZERLAND,

Title: D () Delete
Name: LINN, JACK
Address: 15710 PIPES GLEN
City-St-Zip: FORT MYERS, FL 33912

Title: PD () Delete
Name: HERMAN, FRED
Address: 934 TIRRILL FARMS
City-St-Zip: SAINT LOUIS, MO 63124

Title: D () Delete
Name: PELLER, DR. JOSEPH
Address: PO BOX 10550
City-St-Zip: GRIMSHI, ONTA L3M4C8,

Title: VD () Delete
Name: CELLMER, SWAN
Address: 1099 PELHAM RD
City-St-Zip: WINNETKA, IL 60093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LINN, JACK
Address: 15710 PIPERS GLEN
City-St-Zip: FORT MYERS, FL 33912

Title: PD (X) Change () Addition
Name: HERMANN, FREDERICK
Address: 934 TIRRILL FARMS
City-St-Zip: SAINT LOUIS, MO 63124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CELLMER, SUSAN
Address: 1099 PELHAM RD
City-St-Zip: WINNETKA, IL 60093

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: FREDERICK HERMANN

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date