2005 NOT-FOR-PROFIT CORPORATION

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STREET ADDRESS

CITY-ST-ZIP

Apr 21, 2005 8:00 am Secretary of State ANNUAL REPORT 04-21-2005 90221 011 ****61.25 DOCUMENT # 741181 1. Entity Name SOUTH SEAS CLUB OF MARCO ISLAND, INC. 40063745 Principal Place of Business Mailing Address 595 SEAVIEW COURT 595 SEAVIEW COURT MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1797749 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORKER, DAVE Street Address (P.O. Box Number is Not Acceptable) 651 SEAVIEW CT. MARCO ISLAND, FL 34145 Zip Code FI 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 excistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 \$5.00 May Be Make check payable to 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-10. OFFICERS AND DIRECTORS 11. TITLE Change 1 □ Delete TITLE Forker, Dave of Seaview Ct -8-22 FORKER, KAY DAVE NAME STREET ADDRESS 651 SEAVIEW CT. STREET ADDRESS Marco Island, FL 34145 MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-ZIP Change **Z** Detete ■ Addition TITLE TITLE Spachman, GLOVER, WILLIAM NAME NAME STREET ADDRESS 651 SEAVIEW CT. STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP MARCO ISLAW, Delete Change ☐ Addition TITLE TITLE GLOVER, WILLIAM NAME NAME STREET ADDRESS 651 SEAVIEW CT. STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP VP ☐ Change ■ Addition TITLE ☐ Delete TITLE AVERY, RALPH NAME NAME 440 SEAVIEW CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

Track Spack SP.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 丛 FRANK SPACHMAN Daytime Phone # Date