

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741181

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** SOUTH SEAS CLUB OF MARCO ISLAND, INC.

**Current Principal Place of Business:**

595 SEAVIEW COURT  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

595 SEAVIEW COURT  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 59-1797749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORKER, DAVE  
651 SEAVIEW CT.  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

FORKER, DAVE  
651 SEAVIEW CT. #212  
MARCO ISLAND, FL 34145 US

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:

04/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FORKER, DAVE  
Address: 651 SEAVIEW CT, 8-22  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete  
Name: SPACHMAN, FRANK  
Address: 651 SEAVIEW CT.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: S ( ) Delete  
Name: MAY, DONN  
Address: 591 SEAVIEW COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP ( ) Delete  
Name: AVERY, RALPH  
Address: 440 SEAVIEW CT.  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FORKER, DAVE  
Address: 651 SEAVIEW CT #212  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T (X) Change ( ) Addition  
Name: SPACHMAN, FRANK  
Address: 651 SEAVIEW CT. #210  
City-St-Zip: MARCO ISLAND, FL 34145

Title: S (X) Change ( ) Addition  
Name: MAY, DONN  
Address: 591 SEAVIEW COURT A208  
City-St-Zip: MARCO ISLAND, FL 34145

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVE FORKER

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date