

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90011 043 ****61.25

DOCUMENT # 741181 1. Entity Name SOUTH SEAS CLUB OF MARCO ISLAND, INC.					
Principal Place of Business 595 SEAVIEW COURT MARCO ISLAND, FL 34145			Mailing Address 595 SEAVIEW COURT MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1797749	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOSTER, RON 440 SEAVIEW COURT #1806 MARCO ISLAND, FL 34145					
7. Name and Address of New Registered Agent Name Resort Management Street Address (P.O. Box Number is Not Acceptable) 834 Bald Eagle Drive City Marco Island FL Zip Code 34145					
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 3/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, RON		NAME		
STREET ADDRESS	440 SEAVIEW COURT #1806		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUTHALS, JIM		NAME		
STREET ADDRESS	525 SEAVIEW COURT #M-4		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAINE, BILLIE		NAME	Secretary	
STREET ADDRESS	260 SEAVIEW COURT #1-911		STREET ADDRESS	Ed Dixon	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	320 Seaview Ct #1602	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island FL 34145	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIDLER, NORM		NAME		
STREET ADDRESS	591 SEAVIEW COURT #311		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: James B. Nuthals 4/1/08 239-394-7156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					