


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90390 022 \*\*\*\*61.25

<b>DOCUMENT # 741737</b> 1. Entity Name SOUTH SEAS EAST CONDOMINIUM APARTMENTS OF MARCO ISLAND, INC.					
Principal Place of Business 601 SEAVIEW COURT MARCO ISLAND, FL 33937			Mailing Address 601 SEAVIEW COURT MARCO ISLAND, FL 33937		
2. Principal Place of Business <i>601 Seaview Ct</i>			3. Mailing Address <i>601 Seaview Ct.</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>MARCO ISLAND</i>			City & State <i>MARCO ISLAND</i>		
Zip <i>34145</i>		Country <i>USA</i>		4. FEI Number 59-1972654	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  WISEMAN, TAMELA 350 5TH AVE SOUTH SUITE 203 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name <i>Ernie Greusel</i> Street Address (P.O. Box Number is Not Acceptable) <i>1104 N Collier Blvd</i> City <i>Marco Island</i> <b>FL</b> Zip Code <i>34145</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				DATE <i>4-24-06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZDUN, ADOLPH 601 SEAVIEW CT-C510 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANK R. SPACHMAN 651 SEAVIEW CT. B-210 MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUCKE, ROY 693 SEAVIEW CT-A611 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID FORKEN 651 SEAVIEW CT. B-212 MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D GLOVER, WILLIAM 651 SEAVIEW CT B612 MARCO ISLAND, FL 34145	<input 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	S BROWNE, KAY 651 SEAVIEW CT B611 MARCO ISLAND, FL	<input 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	D BONIFACINO, FRANK 651 SEAVIEW CT., #B703 MARCO ISLAND, FL	<input 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	<input type="checkbox"/> Delete				
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>4/21/06</i> <small>Date</small>		