

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90023 006 ****61.25

DOCUMENT # 741737 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREUSEL, JEMIR (Typographical Error) 1104 N COLLIER BLVD MARCO ISLAND, FL 34145				Name JAMIE GREUSEL Street Address (P.O. Box Number is Not Acceptable) 1104 N. COLLIER BLVD City MARCO ISLAND FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZDUN, ADOLPH		NAME	SECRETARY ZDUN, Adolph	
STREET ADDRESS	601 SEAVIEW CT-C510		STREET ADDRESS	601 SEAVIEW CT. C510	
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 checked="" type="checkbox"/> Addition	
NAME	HUCKE, ROY		NAME	PRESIDENT FORKE, DAVID	
STREET ADDRESS	693 SEAVIEW CT-A611		STREET ADDRESS	651 SEAVIEW CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND FL. 34145	
TITLE	D T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOVER, WILLIAM		NAME	TREASURER GLOVER, WILLIAM	
STREET ADDRESS	651 SEAVIEW CT B612		STREET ADDRESS	651 SEAVIEW CT B612	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWNE, KAY		NAME	DIRECTOR GREENBERG, MARVIN	
STREET ADDRESS	651 SEAVIEW CT B611		STREET ADDRESS	601 SEAVIEW CT. C-207	
CITY-ST-ZIP	MARCO ISLAND, FL		CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONIFACINO, FRANK		NAME		
STREET ADDRESS	651 SEAVIEW CT., #B703		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPACHMAN, FRANK R		NAME	DIRECTOR SPACHMAN, FRANK R	
STREET ADDRESS	651 SEAVIEW OF B 310		STREET ADDRESS	651 SEAVIEW CT B310	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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: ROY HUCKE			1/22/08 (239) 394 6863		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Cayman Phone #		