

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 743748 1. Entity Name SEA VIEW CLUB CONDOMINIUM ASSOCIATION, INC.				FILED 07 MAR -5 PM 5:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 921 SOUTH COLLIER BLVD MARCO ISLAND, FL 34146		Mailing Address 921 SOUTH COLLIER BLVD MARCO ISLAND, FL 34146		 02232007 REIN-NP CR2E099 (1407) WOP	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Po Box 2397 Suite, Apt. #, etc.			
City & State MARCO ISLAND, FL		City & State MARCO ISLAND, FL			
Zip 34146		Country COLLIER			
4. FEI Number 59-1915982		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURT, CHRISTOPHER 601 RCKARD B-7 MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name: Tony ANDRADE Street Address (P.O. Box Number is Not Acceptable): 601 ELCKMAN SUITE B-7 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: <small>Signature, type or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE: 3-2-07	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	DV GERBER, SAM 921 S COLLIER BLVD MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MIKE GILLIAME W 4492 CRYSTAL DRIVE CEDAR, WISCONSIN 54111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, TRACY 921 S COLLIER BLVD MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300093764733 03/20/07--01016--009 ***122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINOTTI, PATRICIA 921 S COLLIER BLVD MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODCOCK, MARYANNE 921 S COLLIER BLVD MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SABASTIAN, THOMAS 921 S COLLIER BLVD MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OWENS, LARRY 921 SO COLLIER BLVD MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: <u>Patricia D. Minotta</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/2/07</u> Daytime Phone: <u>239-642-8872</u>		