

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90002 002 ****61.25

DOCUMENT # 744408

1. Entity Name
**SOUTH SEAS WEST CONDOMINIUM APARTMENTS OF
MARCO ISLAND, INC.**



Principal Place of Business
**260 SEAVIEW COURT
MARCO ISLAND, FL 34145 US**

Mailing Address
**260 SEAVIEW COURT
MARCO ISLAND, FL 34145 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2161035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREUSEL, JAMIE B
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEPAUL, WILLIAM
STREET ADDRESS	320 SEAVIEW CT. #205
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D
NAME	BATTISTONI, JACK
STREET ADDRESS	320 SEAVIEW CT # 1806
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	TD
NAME	LAVIANO, LOUIS
STREET ADDRESS	320 SEAVIEW CT #712
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	D
NAME	BOSCH, PAUL
STREET ADDRESS	260 SEAVIEW CT # 904
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	SD
NAME	CERVELLI, MARGIA Vincent Gersa
STREET ADDRESS	320 SEAVIEW CT. #707-810
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VP
NAME	WENZEL, HERB
STREET ADDRESS	320 SEAVIEW CT., #410
CITY-ST-ZIP	MARCO ISLAND, FL 34145

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07

Date

239-394-8105

Daytime Phone #