


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749139 (2)
 1. Corporation Name

SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF MARCO ISLAND, INC.



Principal Place of Business		Mailing Address	
380 SEAVIEW CT MARCO ISLAND FL 34145 US		380 SEAVIEW CT MARCO ISLAND FL 33807	
21	2a	22	2b
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23		27	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
10/01/1978

4. FEI Number
59-2513174

Applied For	
Not Applicable	

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

~~KALAKA, ART
440 SEAVIEW CT.
MARCO ISLAND FL 34145~~

10. Name and Address of New Registered Agent

81 Name
George Schmidt

82 Street Address (P.O. Box Number is Not Acceptable)
440 Seaview Ct. #909

83
Marcò Island

84 City

85 Zip Code
FL 34145

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *George Schmidt* **11/16/1998**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	V.P.
NAME	MADONNA, RALPH F.	1.2 NAME	Herb Beller
STREET ADDRESS	380 SEAVIEW CT	1.3 STREET ADDRESS	4926 Goulette Point
CITY-ST-ZIP	MARCO ISLAND, FL 00000	1.4 CITY-ST-ZIP	New Baltimore, MI 48047
TITLE	D	2. TITLE	Treas.
NAME	HEPP, MARIE	2. NAME	Joyce Bussey
STREET ADDRESS	380 SEAVIEW CT	2. STREET ADDRESS	Serpentine Dr. PO Box 305
CITY-ST-ZIP	MARCO ISLAND, FL 00000	2. CITY-ST-ZIP	Navesink, NJ 07752
TITLE	P	3. TITLE	Sect.
NAME	MADDEN, GERALD	3. NAME	Marie Hepp
STREET ADDRESS	440 SEAVIEW CT	3. STREET ADDRESS	440 Seaview Ct. #912
CITY-ST-ZIP	MARCO ISLAND, FL 00000	3. CITY-ST-ZIP	Marco Island, FL 34145
TITLE	T	4. TITLE	Dir.
NAME	JANIS, DINO	4. NAME	Vivian Dawber
STREET ADDRESS	235 S MONTCLAIRE LANE	4. STREET ADDRESS	14 Lakeview Pl.
CITY-ST-ZIP	WOOD DALE IL	4. CITY-ST-ZIP	Center Noriches, NY 11834
TITLE	D	5. TITLE	Dir.
NAME	BUSSEY, JOYCE	5. NAME	Dino Janis
STREET ADDRESS	440 SEAVIEW CT.	5. STREET ADDRESS	314 St. Andrews Dr.
CITY-ST-ZIP	MARCO ISLAND, FL 00000	5. CITY-ST-ZIP	Wood Dale, IL 60191
TITLE	S	6. TITLE	Dir.
NAME	MANGIARDI, JOSEPH	6. NAME	Bob Pazderka
STREET ADDRESS	11705 BOWEN PRKW	6. STREET ADDRESS	5221 N. Saddlerock
CITY-ST-ZIP	BOSCOE IL	6. CITY-ST-ZIP	Phoenix, AZ 85018

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *George Schmidt* **REQUIRED**

CR2E037 (10/97)