2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 NOV -6 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749139

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

REINSTATEMENT 08

Principal Place of Business	Mailing Address
380 SEAVIEW CT MARCO ISLAND, FL 34145 US	380 SEAVIEW CT MARCO ISLAND, FL 34145 US

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 / Country

4. FEI Number 59-2303364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMOUCE, ROBERT C SAMOUCE, MURRELL, & GAL, PA 5405 PARK CENTRAL COURT NAPLES, FL 34109	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 See Attached For Signature
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

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 SHUTER, ELI DR 6240 MCPHERSON AVE ST.LOUIS, MO 63130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$M11/7 10/29/08--01031--002 **236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AVERY, RALPH MR 440 SEAVIEW CT. APT 1503 MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Andy Karagcos PO Box 540 3 Eagle Drive Grantham, NH 03753	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHERIDAN, ELIZABETH MRS. 12 DOANE TERRACE SOUTH HADLEY, MA 01075	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Innes 21 Hawthorne Drive Atkinson, NH 03811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAY, ROBERT MR. 290 MARYL HURST DRIVE DAYTON, OH 45459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300137425203 10/29/08--01031--002 **236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELLER, HERBERT MR 49626 GUOLETTE POINT NEW BALTIMORE, MI 48047	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D WENNINGER, JAMES MR. 20765 VINCENT DRIVE BROOKFIELD, WI 53045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: X R.O. Avery Ralph O. Avery 10-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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