

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

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 035 ****61.25

DOCUMENT # 752631

1. Entity Name

THE SOUTH SEAS CLUB CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

1300 SOUTH SEAS PLANTATION RD
CAPTIVA, FL 33924 US

Mailing Address

1509 PERIWINKLE WAY
SANIBEL IS, FL 33957 US

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1896419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY, LLC
6355 METROWEST BLVD.
SUITE 180
ORLANDO, FL 32835

**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 \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARNHAM, JOYCE 29 N FRANKLIN TURNPIKE RAMSEY, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, STANLEY 9209 WILLOWCREST CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWLING, MATTHEW J 17 OLIN DRIVE CAPE MAY COURT HOUSE, NJ 08210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THACKARA, WALTER M 170 DEER RUN DR SHELBURNE, CT 05482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISSTON, SUSAN 8309 STENTON AVE. WYNDMOOR, PA 19038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07 239-466-8801