
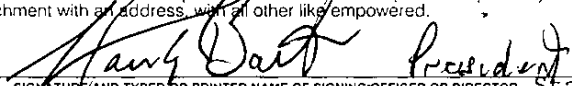


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1896419	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILTON GRAND VACATIONS COMPANY, LLC 6355 METROWEST BLVD. SUITE 180 ORLANDO, FL 32835				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARNHAM, JOYCE		NAME		
STREET ADDRESS	29 N FRANKLIN TURNPIKE		STREET ADDRESS		
CITY-ST-ZIP	RAMSEY, NJ		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, STANLEY		NAME		
STREET ADDRESS	9209 WILLOWCREST CT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWLING, MATTHEW J		NAME		
STREET ADDRESS	17 OLIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE MAY COURT HOUSE, NJ 08210		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THACKARA, WALTER M		NAME		
STREET ADDRESS	170 DEER RUN DR		STREET ADDRESS		
CITY-ST-ZIP	SHELburne, CT 05482		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DISSTON, SUSAN		NAME	D	
STREET ADDRESS	8309 STENTON AVE.		STREET ADDRESS	Arnott, J. Keith	
CITY-ST-ZIP	WYNDMOOR, PA 19038		CITY-ST-ZIP	9 Richmonde Ct.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Colts Neck, NJ 07722	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-8-08 238-466-8801		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stanley Barton			Date Daytime Phone #		