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Secretary of State
07-11-2007 90074 009 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 762688

1. Entity Name
SOUTH SEAS PLANTATION BEACH HOME CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US	P.O. BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US

DO NOT WRITE IN THIS SPACE

40124171

07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1580069
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
C/O JOSEPH E. ADAMS, ESQ.
14241 METROPOLIS AVE., SUITE 100
FORT MYERS, FL 33712

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

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEAVER, JAY
STREET ADDRESS	3513 N BOSWORTH AVE
CITY-ST-ZIP	CHICAGO, IL 60657
TITLE	D
NAME	BUCHER, BRIAN
STREET ADDRESS	3871 MISSION HILLS RD. S
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	TD
NAME	BENTELE, RAYMOND
STREET ADDRESS	2320 TODFORTH WAY
CITY-ST-ZIP	SAINT LOUIS, MO 63131
TITLE	SD
NAME	KELLY, MICHAEL F
STREET ADDRESS	6117 BLAKE RIDGE RD.
CITY-ST-ZIP	EDINA, MN 55436
TITLE	PD
NAME	AQUILA, FRANCIS
STREET ADDRESS	205 SOUTH FINLEY AVE
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	D
NAME	David Steuhe
STREET ADDRESS	15138 Long Hole Ridge
CITY-ST-ZIP	Bristol, VA 24202

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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: _____ Frank Aquila 7/3/07 239-472-7508
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — President — Date — Daytime Phone #