

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90356 010 ****61.25

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| DOCUMENT # 762688 | | | | | |
| 1. Entity Name SOUTH SEAS PLANTATION BEACH HOME CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business P.O. BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US | | | Mailing Address P.O. BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US | | |
| 2. Principal Place of Business - No P.O. Box # 711 TARPON BAY RD | | 3. Mailing Address P.O. Box 100 | | | |
| Suite, Apt. #, etc. - | | Suite, Apt. #, etc. SANIBEL, FL | | | |
| City & State Sanibel FL | | City & State Sanibel FL | | 4. FEI Number 59-1580069 | |
| Zip 33957 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | | 7. Name and Address of New Registered Agent Name: <u>Steven Mackesy</u> Street Address (P.O. Box Number is Not Acceptable): <u>711 TARPON BAY RD</u> City: <u>SANIBEL</u> FL Zip Code: <u>33957</u> | | |
| 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> <u>4/24/08</u> <small>DATE</small> </div> </div> | | | | | |
| 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 NAME WEAVER, JAY STREET ADDRESS 3513 N BOSWORTH AVE CITY-ST-ZIP CHICAGO, IL 60657 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME BUCHER, BRIAN STREET ADDRESS 3871 MISSION HILLS RD. S CITY-ST-ZIP NORTHBROOK, IL 60062 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME BENTELE, RAYMOND STREET ADDRESS 2320 TODFORTH WAY CITY-ST-ZIP SAINT LOUIS, MO 63131 | <input checked="" type="checkbox"/> Delete | | TITLE VD NAME Bentele, Raymond STREET ADDRESS 2320 Todforth Way CITY-ST-ZIP Saint Louis, Mo. 63131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME KELLY, MICHAEL F STREET ADDRESS 6117 BLAKE RIDGE RD. CITY-ST-ZIP EDINA, MN 55436 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE PD NAME AQUILA, FRANCIS STREET ADDRESS 205 SOUTH FINLEY AVE CITY-ST-ZIP BASKING RIDGE, NJ 07920 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME STEUBE, DAVID STREET ADDRESS 15138 LONG HOLE RIDGE CITY-ST-ZIP BRISTOL, VA 24202 | <input checked="" type="checkbox"/> Delete | | TITLE TD NAME Steube, David STREET ADDRESS 15138 Long Hole Ridge CITY-ST-ZIP Bristol, VA 24202 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: | | | <u>4/20/08</u> DATE | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |

239.472-5020