

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2007 90045 001 ****61.25

DOCUMENT # 764337

1. Entity Name
**THE COTTAGES AT SOUTH SEAS PLANTATION
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**SOUTH SEAS PLANTATION
CAPTIVA, FL 33924 US**

Mailing Address
**1509 PERIWINKLE WAY
SANIBEL ISLAND, FL 33957 US**

40064600



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2340322

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HILTON GRAND VACATIONS COMPANY, LLC
6335 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

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**

**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

VD
BOSELLI, BRUCE D
1254 LAKESIDE DR, RIDGEBURY LK
SAYRE, PA 18840 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GRACE, BARBARA J
PMB 304; 8951 BONITA BEACH ROAD, #525
BONITA SPRINGS, FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
BROWN, MICHAEL L
10458 SW 49TH PLACE
COOPER CITY, FL 33328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
Lundquist, Nils E.
132 Waters Edge
Congers, NY 10920 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Bruce D. Boselli **PRESIDENT**

3/05/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce D. Boselli

Date

Daytime Phone #