## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #764337**

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



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

04-11-2008 90035 001 \*\*\*\*61.25

			GO WE				
SOUTH SEAS PLANTATION 1			Mailing Address 1509 PERIWINKLE WAY SANIBEL ISLAND, FL 33957 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Cr	ng-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-234032	^ <del>                                    </del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ress of New Registered Agent		
HII TON G	PAND VACATIONS COMPA	NV II C	Name				
HILTON GRAND VACATIONS COMPANY, LLC 6335 METROWEST BLVD SUITE 180		WY, ELO	Street Address		s (P.O. Box Number is Not Acceptable)		
	D, FL 32835		ļ				
			City		FL Zip Cod	e	
		for the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. I am familiar with,	and accept	
ine opligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered Agent signatu	re required when reinstaling)	DATE		
Filing Fee is \$61.25		9. Election Car	npaign Financing	\$5.00 s	Make check payable to		
		Tourst Fund (		\$5.00 May Be			
	Due by May 1, 2008	Trust Fund (	Contribution.	☐ Added to Fees	Florida Department of St	tate	
10.	OFFICERS AND I	DIRECTORS	Contribution.	☐ Added to Fees	Florida Department of Si	tate	
10. TITLE NAME			Contribution.	☐ Added to Fees	Florida Department of St	tate	
TITLE	OFFICERS AND I	DIRECTORS Delete	11.	☐ Added to Fees	Florida Department of Si	tate	
TITLE	OFFICERS AND I PD BOSELLI, BRUCE D 1254 LAKESIDE DR, RIDGEBU SAYRE, PA 18840	DIRECTORS  Delete  URY LK	11. TITLE NAME	☐ Added to Fees	Florida Department of SI ES TO OFFICERS AND DIRECTORS IN  Change	1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND I PD BOSELLI, BRUCE D 1254 LAKESIDE DR, RIDGEBU SAYRE, PA 18840 STD	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Added to Fees	Florida Department of Si	1 10	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND I PD BOSELLI, BRUCE D 1254 LAKESIDE DR, RIDGEBU SAYRE, PA 18840 STD GRACE, BARBARA J	DIRECTORS  Delete  URY LK	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANGE  STD  Zywotko, Rick 16135 24th Ave	Florida Department of SI ES TO OFFICERS AND DIRECTORS IN Change Change	1 10 Addition	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Bruce D. Boselli, President 2/28/08

Daylime Phone #