FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766386** **(7)**

1. Corporation Name

SHELL HARBOR INN RESORT & CLUB II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
937 GULF DRIVE SANIBEL ISLAND FL 33957	937 GULF DRIVE SANIBEL ISLAND FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1982**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2378024** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

EZZO, CHRISTOPHER
937 GULF DRIVE
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name: **South Seas Plantation Resort**
82 Street Address (P.O. Box Number is Not Acceptable): **13000 Captiva Road**
83: **Attn: Assn. Mgmt.**
84 City: **Captiva Island** **FL** 85 Zip Code: **33924**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	HINERMAN, RAYMOND	1.2 NAME	
STREET ADDRESS	3933 PALISANDES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEIRTON WEST VA 26062	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, RICHARD	2.2 NAME	
STREET ADDRESS	6111 OSAGE Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60516	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	VOLLMER, RICHARD	3.2 NAME	Vollmer, Richard
STREET ADDRESS	1611 SHORELINE DRIVE	3.3 STREET ADDRESS	1001 Troutlilly Lane
CITY-ST-ZIP	ST. CHARLES IL	3.4 CITY-ST-ZIP	Darien, IL 60561
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ RICHARD VOLLMER 3/20/95 312 264 1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017480