

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766386 (7)

1. Corporation Name

SHELL HARBOR INN RESORT & CLUB II CONDOMINIUM AS
SOCIATION, INC.



Principal Place of Business

Mailing Address

937 GULF DRIVE
SANIBEL ISLAND FL 33957

937 GULF DRIVE
SANIBEL ISLAND FL 33957

3. Date Incorporated or Qualified
12/30/1982

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 P.O. Box 194

2a. Mailing Address

26 P.O. Box 194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Attn: Assn. Mgmt.

27 Attn: Assn. Mgmt.

City & State

City & State

23 Captiva Island, FL

28 Captiva Island, FL

Zip

Country

Zip

Country

24 33924

25 USA

29 33924

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME HINERMAN, RAYMOND
STREET ADDRESS 3933 PALISANDES DRIVE
CITY-ST-ZIP WEIRTON WEST VA

☐ DELETE

TITLE TD
NAME NELSON, RICHARD
STREET ADDRESS 6111 OSAGE
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

TITLE D
NAME VOLLMER, RICHARD
STREET ADDRESS 1001 TROUTLILLY LANE
CITY-ST-ZIP DARIEN IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST
1.2 NAME HARPER, PAUL E.
1.3 STREET ADDRESS 219 Edgevale Road
1.4 CITY-ST-ZIP Baltimore, MD 21210

☒ Change ☐ Addition

2.1 TITLE DV
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE DP
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard T. Vollmer

4/8/96

312 254 1121

CR2E037 (12/95)