

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766386

1. Corporation Name

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

Principal Place of Business

PO BOX 194
ATTN: ASSN MGMT
CAPTIVA ISLAND FL 33924
US

Mailing Address

PO BOX 194
ATTN: ASSN MGMT
CAPTIVA ISLAND FL 33924
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90128 028 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2378024	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, PAUL E.	1.2 NAME	P HARPER, PAUL
STREET ADDRESS	219 EDGEVALE ROAD	1.3 STREET ADDRESS	219 EDGEVALE ROAD
CITY-ST-ZIP	BALTIMORE MD	1.4 CITY-ST-ZIP	BALTIMORE, MD 21210
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURRONE, ROBERT	2.2 NAME	
STREET ADDRESS	477 MADISON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELLE PARK NY	2.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLLMER, RICHARD	3.2 NAME	STD SUAREZ, KENNETH
STREET ADDRESS	1001 TROUTLILLY LANE	3.3 STREET ADDRESS	SOUTH SEAS PLANTATION
CITY-ST-ZIP	DARIEN IL	3.4 CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)