

2002 UNIFORM BUSINESS REPORT-(UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-19-2002 90043 048 ****61.25

DOCUMENT # 766386					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
*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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERMAN, ALLAN		NAME		
STREET ADDRESS	7729 OLD CHESTER RD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, WILLIAM F		NAME	WILLIAM HARRISON	
STREET ADDRESS	2812 HUMBOLDT AVE S		STREET ADDRESS	2812 HUMBOLDT AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55408		CITY-ST-ZIP	MINNEAPOLIS, MN 55408	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUDPHY, ANTHONY C		NAME	LINDA LOGAN	
STREET ADDRESS	5400 CAPTIVA ROAD		STREET ADDRESS	927 GULF DR	
CITY-ST-ZIP	CAPTIVA FL 33924		CITY-ST-ZIP	SANIBEL, FL 33959	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RICHARD		NAME		
STREET ADDRESS	6111 OSAGE		STREET ADDRESS		
CITY-ST-ZIP	DOWNERS GROVE IL 60516		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>[Signature]</i>		SIGNATURE REQUIRED		Shell Harbor II 1-9-02 941-472-7508	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E037 (9/01)