## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600006014 (2)

THE SEIDLER FOUNDATION, INC.

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Principal Place of Business 5001 JOEWOOD ORIVE SANIBEL FL 33857		Mailing Address  5001 JOEWOOD DRIVE SANIBEL FL 33957		3. Date incorporated or Qualified
ONWOCE PE ON	,	SAMBLE FL 55857		11/25/1996
2. Principal P	lace of Business	2a. Mailing Address 26	<del></del>	5. Certificate of Status Desired \$8.75 Additional Fee Required
		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat		City & State	1 0	7. Is this nonprofit corporation a homeowners association?
Zip 24	Country 25 9. Name and Address of Curre	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	y, rearre and Address of Corre	HIL HAGISTON NOTIL	81 Name	10: Italiio allo vuotiass oi itaa negistalan Agair
SEIDLER, LEE J 5001 JOEWOOD DRIVE			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
	L FL 33957		83	
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI	ND DIRECTORS	E: Registered Agent signature re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	D SEIDLER, LEE J 5001 JOEWOOD DRIVE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	SANIBEL FL 33957 D SEIDLER, LYNN L	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	5001 JOEWOOD DRIVE SANIBEL FL 33957	DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS	D SEIDLER, LAURIE K 5001 JOEWOOD DRIVE SANIBEL FL 33957	_ beene	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	an cumule in security
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SAMPLE PL 33837	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 CTY-ST-ZIP 5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Additio
NAME			E	

14. Thereby 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 open attachment with an address.

US J. SKIDION

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

30/97

(941)472-0507

**FILED** 

Apr 17 1998 8:00am

Secretary of State

E037 (10/97)