

FILE NOW: FILING FEE IS \$61.25

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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90041 004 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N96000006014**

1. Corporation Name  
**THE SEIDLER FOUNDATION, INC.**

Principal Place of Business  
**5001 JOEWOOD DRIVE  
 SANIBEL FL 33957**

Mailing Address  
**5001 JOEWOOD DRIVE  
 SANIBEL FL 33957**



|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>11/25/1996</b>                          |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>NOT APPLICABLE</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                     |
| 24                             | Country             | 29                  | Country             |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent |  |
| <b>SEIDLER, LEE J<br/>                 5001 JOEWOOD DRIVE<br/>                 SANIBEL FL 33957</b> |  |  |  | 81   | Name   |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|   |  |  |  | 83   |  |
|   |  |  |  | 84   | City   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SEIDLER, LEE J</b>           | 1.2 NAME  |  |
| STREET ADDRESS             | <b>5001 JOEWOOD DRIVE</b>       | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SANIBEL FL 33957</b>         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SEIDLER, LYNN L</b>          | 2.2 NAME  |  |
| STREET ADDRESS             | <b>5001 JOEWOOD DRIVE</b>       | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SANIBEL FL 33957</b>         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SEIDLER, LAURIE K</b>        | 3.2 NAME  | <b>DIRECTOR<br/>SEIDLER, LAURIE K.</b>                                       |
| STREET ADDRESS             | <b>5001 JOEWOOD DRIVE</b>       | 3.3 STREET ADDRESS                                    | <b>1145 MANON DRIVE</b>  |
| CITY-ST-ZIP                | <b>SANIBEL FL 33957</b>         | 3.4 CITY-ST-ZIP                                       | <b>SAN JOSE, CA 95125</b>  |
| 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: *Katherine Harris* **KATHERINE HARRIS, DIRECTOR** Date: **2/17/99** Daytime Phone #: **(941) 472-0507**

CR2E037 (11/98)