

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90069 003 ***150.00

DOCUMENT # P01000010299

1. Entity Name
SEATEK COMMUNITIES, INC.



Principal Place of Business
9853 N TAMiami TRAIL
STE 218
NAPLES, FL 34108

Mailing Address
9853 N TAMiami TRAIL
STE 218
NAPLES, FL 34108

60010924



2. Principal Place of Business
5100 TAMiami TRAIL
Suite, Apt. #, etc.
STE 131
City & State
NAPLES FL

3. Mailing Address
5100 TAMiami TRAIL
Suite, Apt. #, etc.
STE 131
City & State
NAPLES FL

01302006 Chg-P CR2E034 (11/05)

Zip
34103

Country
USA

Zip
34103

Country
USA

4. FEI Number
59-3698047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONSOER, GEORGE L JR.
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAMMAR, JAMES G
5107 KENSINGTON HIGH ST
NAPLES, FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SHIELDS, THOMAS
9844 LUNA CIRCLE D'204
NAPLES, FL 34109 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3003 LANCASTER DR., #1
NAPLES FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06

Date

239-598-1011

Daytime Phone #