2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059870

1. Entity Name



FILED Apr 14, 2004 8:00 am Secretary of State

04-14-2004 90041 037 ***150.00

SEAHOR	ISE COTTAGES ON SAN	IBEL, INC.							
Principal Place of Business 1223 BUTTONWOOD LANE SANIBEL ISLAND, FL 33957		Mailing Address 1223 BUTTONWOOD LANE SANIBEL ISLAND, FL 33957		. 1,000,001,111	24041863				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312004	Chg-P	CR2E	034 (10/03)		
City & State		City & State		4. FELNumb 582	675500	1		oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Curre	nt Registered Agent	Alama	7. Name and	Address of New	Registered	Agent		
- URKOVICI	H-RONALDIS-T	عروات مستشرات المست	Name	م ردسست ہے۔ م	ilita valetrii				
URKOVICH, RONALD S-2323 WOOSTER LANE STE 2 SANIBEL ISLAND, FL 33957			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	,		City			F	Zip Cod	e	
	named entity submits this statement tions of registered agent.	t for the purpose of changing its	registered office or re	gistered agent, or bo	th, in the State of F	Florida. I an	n familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOT	E: Registered Agent signature	equired when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	,	٠ ما ٠	11.	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
10.	OFFICERS AN	ID DIRECTORS	11.	· ADDITIONS,	CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11 .	
TITLE →	D /	☐ Delete	TITLE				Change	Addition	
NAME	PALUMBO, LOUIS A		NAME ,						
STREET ADDRESS CITY-ST-ZIP	8881 WOODGATE DRIVE FORT MYERS, FL 33908		STREET ADDRESS CITY-ST-ZIP					•	
TITLE	D	Delete	TITLE				[7] Observe	- Addition	
NAME	PALUMBO, CAROL A	La Delete	NAME				Change	☐ Addition	
STREET ADDRESS	881 WOODGATE DRIVE		STREET ADDRESS						
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP						
TITLE ,		☐ Delete	TITLE ⁽				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
OITLE OF THE			0)7)/ 07 7/0						
CITY-ST-ZIP	- , a		CITY-ST-ZIP		<u>. Name and the control of the contr</u>				
TITLE		☐ Delete	TITLE		<u>, som sti</u> er i system stirt men	. <u>— — — — — — — — — — — — — — — — — — —</u>	☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME		o propositi i se o construire de l'archive		Change	Addition	
TITLE		☐ Delete	TITLE	——————————————————————————————————————	, proprieta (m. 1. septem de la Consta		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	mages to the second sec	and the second s		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	nope 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	, managar ar a samar samaran				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		e transfer et e en e				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		The second secon				

12. 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 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. Louis A.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR