

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716303

Entity Name: SOUTH SEA ISLANDER, INC. A CONDOMINIUM

Current Principal Place of Business:

231 E. LANTANA RD
LANTANA, FL 33462

Current Mailing Address:

C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 US

FEI Number: 59-1237357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA SKYLINE MANAGEMENT
C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 US

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: KARLA RAMIREZ

01/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FLEMING, CHRIS
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title PRESIDENT
Name ROY, ALAN C
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR
Name GREEN, VINCENT
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title TREASURER
Name DORN, THOMAS
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title SECRETARY
Name WOLLNEY, MARY
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROY , ALAN C

PRESIDENT

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date