

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749139

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**5240695094CC**

**Entity Name:** SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF MARCO ISLAND, INC.

**Current Principal Place of Business:**

380 SEAVIEW CT  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

815 BALD EAGLE DR  
#201  
MARCO ISLAND, FL 34145 US

**FEI Number: 59-2303364**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RESORT MANAGEMENT  
815 BALD EAGLE DRIVE  
#201  
MARCO ISLAND, FL 34145 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: ROBERT ROSENOW**

**04/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VIGORITA, CHARLES  
Address        815 BALD EAGLE DR  
                  #201  
City-State-Zip: MARCO ISLAND FL 34145

Title            VP  
Name            KNOTTNERUS, DON  
Address        815 BALD EAGLE DR  
                  #201  
City-State-Zip: MARCO ISLAND FL 34145

Title            SECRETARY  
Name            INNES, WILLIAM  
Address        815 BALD EAGLE DR  
                  #201  
City-State-Zip: MARCO ISLAND FL 34145

Title            TREASURER  
Name            JENSEN, CRAIG  
Address        815 BALD EAGLE DR  
                  #201  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            VIRTUE, LARRY  
Address        815 BALD EAGLE DR  
                  #201  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            MISSEL, FREDERICK  
Address        815 BALD EAGLE DR  
                  #201  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            LAUZIÈRE, JERRI  
Address        815 BALD EAGLE DR  
                  #201  
City-State-Zip: MARCO ISLAND FL 34145

*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: CRAIG JENSEN**

**TREAS**

**04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date