

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493397

Entity Name: SANIBEL REALTY, INC.

FILED  
Jan 25, 2008  
Secretary of State

## Current Principal Place of Business:

1630 PERIWINKLE WAY  
|  
SANIBEL ISLAND, FL 33957 US

## Current Mailing Address:

1630 PERIWINKLE WAY  
|  
SANIBEL, FL 33957 US

FEI Number: 59-1635421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## New Principal Place of Business:

1630 PERIWINKLE WAY  
A  
SANIBEL ISLAND, FL 33957 US

## New Mailing Address:

11640 COURT OF PALMS #203  
FORT MYERS, FL 33908 US

## Name and Address of Current Registered Agent:

GOOD, JOAN M  
11640 COURT OF PALMS  
#203  
FORT MYERS, FL 33957 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOOD, JOAN M  
Address: 11640 COURT OF PALMS #203  
City-St-Zip: FORT MYERS, FL 33908 US

Title: VP ( ) Delete  
Name: BUNTROCK, ROBERT F  
Address: 29 GEORGETOWN  
City-St-Zip: FORT MYERS, FL 33919 US

Title: S ( ) Delete  
Name: BUNTROCK, ROBERT F  
Address: 29 GEORGETOWN  
City-St-Zip: FORT MYERS, FL 33919 US

Title: T ( ) Delete  
Name: GOOD, JOAN M  
Address: 11640 COURT OF PALMS #203  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN M. GOOD

P

01/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date