

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 493397

FILED
Mar 28, 2003
Secretary of State

Entity Name: SANIBEL REALTY, INC.

Current Principal Place of Business:

1630 PERIWINKLE WAY
E
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

Current Mailing Address:

11640 COURT OF PALMS
203
FORT MYERS, FL 33957 US

New Mailing Address:

FEI Number: 59-1635421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: JOAN M. GOOD,
Address: 11640 COURT OF PALMS #203
City-St-Zip: FORT MYERS, FL 33957 US

Title: V () Delete
Name: TURNEY, JOYCE A.,
Address: 2378 IVY AVENUE
City-St-Zip: FORT MYERS, FL 33907 US

Title: ST () Delete
Name: HINKS, BARBARA K.,
Address: 928 S.E. 8TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: HINKS, BARBARA K.,
Address: 1324 MORNINGSIDE DR.
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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

_____ Electronic Signature of Signing Officer or Director

MS.

03/28/2003

_____ Date