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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718018 (5)**
1. Corporation Name
SANIBEL ROCKS CIVIC ASSOCIATION, INC.



Principal Place of Business P.O. BOX 281 SANIBEL FL 33957-5310	Mailing Address P.O. BOX 281 SANIBEL FL 33957-0281
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3. Date Incorporated or Qualified 02/06/1970	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0121433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MCTAVISH, JOHN E
654 E ROCKS DR
SANIBEL FL 33957**

10. Name and Address of New Registered Agent
81 Name **BILL WOLLSCHLAGER**
82 Street Address (P.O. Box Number is Not Acceptable)
4068 COQUINA DRIVE
83
84 City **SANIBEL** FL 85 Zip Code **33957**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Bill Wollschlager* DATE **3-13-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCTAVISH, JOHN E	
STREET ADDRESS	654 E ROCKS DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOLLSCHLAGER, BILL	
STREET ADDRESS	4068 COQUINA DR.	
CITY-ST-ZIP	SANIBEL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VERNAY, GEORGE F	
STREET ADDRESS	3807 COQUINA DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BILL WOLLSCHLAGER	
1.3 STREET ADDRESS	4068 COQUINA DRIVE	
1.4 CITY-ST-ZIP	SANIBEL FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WOLLSCHLAGER, BILL	
2.3 STREET ADDRESS	4068 COQUINA DRIVE	
2.4 CITY-ST-ZIP	SANIBEL FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEIDE TERLEP	
3.3 STREET ADDRESS	595 WEST ROCKS DRIVE	
3.4 CITY-ST-ZIP	SANIBEL FL 33957	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROL D. SPENCER	
4.3 STREET ADDRESS	3934 COQUINA DRIVE	
4.4 CITY-ST-ZIP	SANIBEL FL 33957	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George F Vernay* DATE: **MARCH 10, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

944-472-2594