


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 718018
 1. Entity 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 33957-5310
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, JOHN
 3870 COQUINA DR
 SANIBEL, FL 33957**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEEK, MARJORIE 712 GOPHER WALK SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, JOHN 3870 COQUINA DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANNIX, JOHN 3702 COQUINA DRIVE SANIBEL, FL 33957
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 01/31/07-80020-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Fisher 1/27/07 239 395 0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #