

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2009
Secretary of State**

DOCUMENT# 718018

Entity Name: SANIBEL ROCKS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 281
SANIBEL, FL 339575310

New Principal Place of Business:

3870 COQUINA DR.
SANIBEL, FL 339575310

Current Mailing Address:

P.O. BOX 281
SANIBEL, FL 339575310

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, JOHN
3870 COQUINA DR
SANIBEL, 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEEK, MARJORIE
Address: 712 GOPHER WALK
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: FISHER, JOHN
Address: 3870 COQUINA DR
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: MANNIX, JOHN
Address: 3702 COQUINA DRIVE
City-St-Zip: SANIBEL, FL 33957

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. FISHER

TRES

01/18/2009

Electronic Signature of Signing Officer or Director

_____ Date