

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 14, 2003 8:00 am
Secretary of State

1/1.

01-13-2003 90703 018 ****61.25

DOCUMENT # 718018

1. Entity Name
SANIBEL ROCKS CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 281 P.O. BOX 281
SANIBEL FL 33957-5310 SANIBEL FL 33957-5310



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADAIR, CHARLES
3941 LOQUINA DR
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *[Signature]* DATE **01-10-03**

Signature of individual or trustee registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	DEVASURE, DOROTHY	
STREET ADDRESS	3945 W. GULF DR.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HYATT, MEL	
STREET ADDRESS	721 DURION COURT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADAIR, CHARLES	
STREET ADDRESS	3941 COQUINA DR	D
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN MELLOR	
STREET ADDRESS	3771 COQUINA DRIVE	D
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rusty Farot	
STREET ADDRESS	3784 Coquina Drive	D
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *[Signature]* **CHARLES V. ADAIR** Date **1/8/03** Daytime Phone # **239-472-3108**

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

CR2E037 (10/02)