## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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722002

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SANIBEL MOORINGS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 845 E GULF DRIVE 845 E GULF DRIVE 3. Date incorporated or Qualified SANIBEL FL 33857 SANIBEL FL 33957 <u>11/03/1971</u> 4. FEI Number Applied For 59-1382363 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes Yes ☐ No ZID Country Country Zip 8. This corporation owes or has paid the current year Intangible Y Yes Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 lonsrud Brown, Barbara Street Address (P.O. Box Number is Not Acceptable) 845 E. GULF DRIVE 83 SANIBEL FL 33957 City Sanibe 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 faryillar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

AUU Y 10 WWW. of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change TITLE 1.1 TITLE WARE, THOMAS NAME 1.2 NAME 845 E. GULF DR. STREET ADDRESS 1.3 STREET AODRESS SANIBEL, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE WELLMAN, JAMES NAME 2.2 NAME 845 E. GULF DR. 2.3 STREET ADDRESS STREET ADDRESS SANIBEL, FL 00000 2. 4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE RADCLIFF, ROBERTA NAME 3.2 NAME 845 E GULF DRIVE STREET ADDRESS 3.3 STREET ADDRESS SANIBEL FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE ROHDE, ROBERT 4. 2 NAME 845 E. GULF DR. 4.3 STREET ADDRESS STREET ADDRESS SANIBEL FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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:

and Swat Mousied

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**FILED** 

Feb 05 1998 8:00am

Secretary of State