

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90289 015 ****61.25

DOCUMENT # 722002

1. Entity Name

SANIBEL MOORINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

845 E GULF DRIVE
 SANIBEL FL 33957

Mailing Address

845 E GULF DRIVE
 SANIBEL FL 33957

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

59-1382363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONSRUD, LAURA
845 E. GULF DRIVE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROHDE, ROBERT	
STREET ADDRESS	845 E. GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELLMAN, JAMES	
STREET ADDRESS	845 E. GULF DR.	
CITY-ST-ZIP	SANIBEL, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROHDE, ROBERT	
STREET ADDRESS	845 E. GULF DR.	
CITY-ST-ZIP	SANIBEL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GISSMAN, JAN	
STREET ADDRESS	845 E. GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARE, TOM	
STREET ADDRESS	845 EAST GULF DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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: *Laura M. Munsrud*

4/27/01 (941) 472-4119

CR2E037 (10/00)