

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722002

FILED
Jan 08, 2005
Secretary of State

Entity Name: SANIBEL MOORINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

845 E GULF DRIVE
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

845 E GULF DRIVE
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1382363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONSRUD, LAURA
845 E. GULF DRIVE
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: TD () Delete
Name: WELLMAN, JAMES,
Address: 845 E. GULF DR.
City-St-Zip: SANIBEL, FL 33957J

Title: VD () Delete
Name: ROHDE, ROBERT,
Address: 845 E. GULF DR.
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: OWEN, CAROLE
Address: 845 E. GULF DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: SWAN, GREG
Address: 845 EAST GULF DR
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WELLMAN, JAMES
Address: 845 E. GULF DR.
City-St-Zip: SANIBEL, FL 33957

Title: VD (X) Change () Addition
Name: ROHDE, ROBERT
Address: 845 E. GULF DR.
City-St-Zip: SANIBEL, FL 33957

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 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 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: GREG SWAN

PD

01/08/2005

Electronic Signature of Signing Officer or Director

Date