

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 30, 2009
Secretary of State**

DOCUMENT# 722002

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: ARNOULD, RICHARD
Address: 845 E. GULF DR.
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: FOX, JAMES
Address: 845 E. GULF DR.
City-St-Zip: SANIBEL, FL 33957

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

Title: VD () Delete
Name: LORENGER, MARK
Address: 845 E. GULF DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: RICHARDSON, FRANKLIN
Address: 845 E. GULF DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: WELLMAN, JAMES
Address: 845 E. GULF 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:

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: RICHARD ARNOULD

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date