

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90036 037 ****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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Laura J. Monsrud

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

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 **TD** Delete
NAME **WELLMAN, JAMES**
STREET ADDRESS **845 E. GULF DR.**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **VD** Delete
NAME **ROHDE, ROBERT**
STREET ADDRESS **845 E. GULF DR.**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **SD** Delete
NAME **GISSMAN, JAN**
STREET ADDRESS **845 E. GULF DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **PD** Delete
NAME **WARE, TOM**
STREET ADDRESS **845 EAST GULF DR**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Change Addition
NAME **SWAN, GREG**
STREET ADDRESS **845 E. GULF DR.**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE Change 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 J. Monsrud

1/6/03

239-945-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)