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APPROVED AND FILED

95 APR 18 PM 11:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 726304 (9)

1. Corporation Name
SANIBEL ESTATES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business P.O. BOX 1607 SANIBEL FL 33957	Mailing Address P.O. BOX 1607 SANIBEL FL 33957
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1973	3a. Date of Last Report 04/21/1994
4. FEI Number 65-0205097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BLAIR, HARRY A.
2138-40 HOOPLE STREET
FORT MYERS FL 33902**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURTIN, RICHARD R
STREET ADDRESS	479 LAS TIENDAS LANE
CITY - ST - ZIP	SANIBEL FL
TITLE	VD
NAME	STILBERT, ELMER
STREET ADDRESS	1103 CAPTAINS WALK
CITY - ST - ZIP	SANIBEL FL
TITLE	TD
NAME	HADWEN, GEORGE E
STREET ADDRESS	676 ANCHOR DRIVE
CITY - ST - ZIP	SANIBEL FL
TITLE	SD
NAME	CURTIS, BILLYE
STREET ADDRESS	459 LAGOON DRIVE
CITY - ST - ZIP	SANIBEL FL
TITLE	D
NAME	LUKE, JOHN E.
STREET ADDRESS	661 ANCHOR DRIVE
CITY - ST - ZIP	SANIBEL FL
TITLE	D
NAME	MCBEE, M. DAVID
STREET ADDRESS	911 S YACHTSMAN DR
CITY - ST - ZIP	SANIBEL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUKE, JOHN E.
2.3 STREET ADDRESS	661 ANCHOR DR.
2.4 CITY - ST - ZIP	SANIBEL, FL 33957
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STRAYER ROGER
5.3 STREET ADDRESS	1076 CAPTAINS WALK ST.
5.4 CITY - ST - ZIP	SANIBEL, FL 33957
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard R. Curtin **4/13/95 (813) 472-0553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD R. CURTIN