



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90003 038 \*\*\*\*61.25

<b>DOCUMENT # 726304</b>							
1. Entity 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		<b>54070013</b> 			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	08112004 Chg-NP CR2E037 (10/03)			
4. FEI Number 65-0205097				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BLAIR, HARRY A. 1077 S. YACHTSMAN DR. SANIBEL, FL 33957			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	<del>PD</del> PD	<input type="checkbox"/> Delete	TITLE	TP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HALLSTEAD, JEAN		NAME	JEWELL, RICHARD			
STREET ADDRESS	1077 S YACHTSMAN DRIVE		STREET ADDRESS	1101 SCHOONER PL			
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SYLVESTER, ROBERT		NAME	RONDA STEWART			
STREET ADDRESS	1043 S YACHTSMAN DRIVE		STREET ADDRESS	411 LAGOON DR.			
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SADD, JOHN R		NAME	JUDITH COOK			
STREET ADDRESS	1033 S YACHTSMAN DRIVE		STREET ADDRESS	1031 SO YACHTSMAN DR			
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STRAYER, ROGER		NAME	WILLIAM LUCAS			
STREET ADDRESS	1076 CAPTAINS WALKS T		STREET ADDRESS	630 LIGHTHOUSE WAY			
CITY-ST-ZIP	SANIBEL, FL		CITY-ST-ZIP	SANIBEL FL 33957			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCBEE, M. DAVID		NAME	RUSSELL BROADWELL			
STREET ADDRESS	911 S YACHTSMAN DR		STREET ADDRESS	746 WINDASS WAY			
CITY-ST-ZIP	SANIBEL, FL		CITY-ST-ZIP	SANIBEL, FL 33957			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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.							
<b>SIGNATURE:</b> <i>Richard W. Jewell</i>		Richard W. Jewell, Treasurer		8/11/04 239-359-1099			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			