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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:06

DOCUMENT # 737747 (6)

1. Corporation Name

SANIBEL LAKE ESTATES PROPERTY OWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
P O BOX 368 SANIBEL ISLAND FL 33957	P O BOX 368 SANIBEL ISLAND FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1977
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0037918 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ $68.75 *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	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

LORENSON, LENNART
1817 IBIS LN
SANIBEL FL 33957

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	KOC, JACK	1.2 NAME		
STREET ADDRESS	1990 ROSEATE LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	STOLBERG, LOUISE	2.2 NAME		
STREET ADDRESS	1841 IBIS LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	RINGENBACK, ALBERTINE	3.2 NAME	STONER, RICHARD	
STREET ADDRESS	1925 ROSEATE LN	3.3 STREET ADDRESS	2001 ROSEATE LN	
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	DP	4.1 TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
NAME	LORENSON, LENNART	4.2 NAME		
STREET ADDRESS	1817 IBIS LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	VICE PRES/DIRECTOR	☒ Change ☐ Addition
NAME	WEISS, BARBARA	5.2 NAME	PATI, GOPAL	
STREET ADDRESS	1659 IBIS LANE	5.3 STREET ADDRESS	1995 ROSEATE LN	
CITY-ST-ZIP	SANIBEL FL	5.4 CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Jack F. Koc JACK F. KOC 2/21/95 813 472-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081948