


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90033 032 \*\*\*\*61.25

<b>DOCUMENT # 737747</b>			
1. Entity Name <b>SANIBEL LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business P O BOX 368 SANIBEL ISLAND FL 33957		Mailing Address P O BOX 368 SANIBEL ISLAND FL 33957	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

94014010



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0037918</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
MOUNT, DOROTHY 1971 ROSEATE LN. SANIBEL FL 33957		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: Dotty Mount DATE: 2/9/04

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, CARLA		NAME		
STREET ADDRESS	690 PURDY DR.		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, JOHN		NAME		
STREET ADDRESS	1865 IGIS LN.		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, JOHN		NAME	Ken Trombly	
STREET ADDRESS	1865 IBIS LANE		STREET ADDRESS	1969 Roseate Ln	
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STONER, RICHARD		NAME	<del>Eleanor Rosenbaum</del>	
STREET ADDRESS	2001 ROSEATE LANE		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Eleanor Dominek	
STREET ADDRESS			STREET ADDRESS	1874 Ibis Lane	
CITY-ST-ZIP			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.

SIGNATURE: Dotty Mount DATE: 2-9-04 DAYTIME PHONE #: 239-395-3493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR