


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90007 003 \*\*\*\*61.25

|  |   |  |  |  |          |
|--|---|--|--|--|----------|
| <b>DOCUMENT # 737747</b>   |   |  |  |                     |          |
| 1. Entity Name<br><b>SANIBEL LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.</b>   |   |  |  |  |          |
| Principal Place of Business<br>P O BOX 368<br>SANIBEL ISLAND, FL 33957   |   |  | Mailing Address<br>P O BOX 368<br>SANIBEL ISLAND, 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<br><b>65-0037918</b>   |          |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |          |
| 6. Name and Address of Current Registered Agent  |   |  |  | 7. Name and Address of New Registered Agent  |          |
| <b>WELCH, YOLANDE</b><br>1998 ROSEATE LN<br>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 _____<br><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 May 1, 2006</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 NAME   | P TROMBLY, KEN <input checked="" type="checkbox"/> Delete |  | TITLE NAME   | PRESIDENT RICHARD WELCH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| STREET ADDRESS   | 1960 ROSEATE LN   |  | STREET ADDRESS   | 1998 ROSEATE LN  |          |
| CITY-ST-ZIP  | SANIBEL, FL 33957   |  | CITY-ST-ZIP  | SANIBEL, FL 33957  |          |
| TITLE NAME   | 1VP WILSON, JOHN <input type="checkbox"/> Delete          |  | TITLE NAME   |  |          |
| STREET ADDRESS   | 1865 IBIS LN  |  | STREET ADDRESS   |  |          |
| CITY-ST-ZIP  | SANIBEL, FL 33957   |  | CITY-ST-ZIP  |  |          |
| TITLE NAME   | 2VP REESE, JOANN <input type="checkbox"/> Delete          |  | TITLE NAME   |  |          |
| STREET ADDRESS   | 1937 ROSEATE LN   |  | STREET ADDRESS   |  |          |
| CITY-ST-ZIP  | SANIBEL, FL 33957   |  | CITY-ST-ZIP  |  |          |
| TITLE NAME   | T WELCH, YOLANDE <input type="checkbox"/> Delete          |  | TITLE NAME   |  |          |
| STREET ADDRESS   | 1998 ROSEATE LN   |  | STREET ADDRESS   |  |          |
| CITY-ST-ZIP  | SANIBEL, FL 33957   |  | CITY-ST-ZIP  |  |          |
| TITLE NAME   | <i>left off this form</i> <input type="checkbox"/> Delete |  | TITLE NAME   | Secretary Eleanore Amirek <input type="checkbox"/> Change <input type="checkbox"/> Addition          |          |
| STREET ADDRESS   |   |  | STREET ADDRESS   | 1874 4th Lane  |          |
| CITY-ST-ZIP  |   |  | CITY-ST-ZIP  | Sanibel, FL 33957  |          |
| TITLE NAME   |   |  | TITLE 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 exemptions contained in Chapter 119, 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>Yolande Welch</i>   |   | <b>YOLANDE WELCH</b>   |  | <b>2.9.06</b>  |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |  | <small>Date</small>  |          |
|  |   |  |  | <b>239-3453372</b>   |          |
|  |   |  |  | <small>Daytime Phone #</small>   |          |