2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #737747

1. Entity Name
SANIBEL LAKE ESTATES PROPERTY OWNERS'



FILED Feb 16, 2007 8:00 am Secretary of State

02-16-2007 90030 006 ****61.25

ASSOCIA										
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 - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02	042007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			FEI Numbe 65-0037	7918			pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate	of Status Desire	ed 🔲	\$8.75 Add	titional	
	6. Name and Address of Current	Registered Agent		7.	Name and	Address of Na	w Registered			
WELCH, YOLANDE			Name							
1998 ROS SANIBEL,	EATE LN		Street Add	dress (P.O. i	Box Numbe	r is Not Accept	able)			
• •			City							
<u> </u>			City				FL	Zip Code	e	
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or r	egistered a	gent, or bot	h, in the State o	Florida. I am	familiar with,	and accept	
The sometime of regional agents										
SIGNATURE										
Signature, type) of printed name of registered agent and title if applicable. (NOTE: Registered Agent argusture required when reinstating) [DATE]										
	4 p/10 pr	9. Election Campaign Financing Trust Fund Contribution.							I	
•	Filing Fee is \$61.25 Due by May 1, 2007	I .			00 May Bo	e t	Make checi Florida Depar			
10.	Filing Fee is \$61.25	Trust Fund C		Add	ed to Fees	F ANGES TO OFF	Florida Depar	tment of St	tate	
TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	Trust Fund C	entribution.	Add ADDI	ed to Fees TIONS/CHA	ANGES TO OFF	Florida Depar	tment of St	tate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WELCH RICHARD 1998 ROSEATE LN SANIBEL FL 33957	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	ADDI PRES JOHN 1865 SANI	Wilson IBIS BEL, F	NGES TO OFF	Florida Depar	tment of SI	tate	
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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 chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if the statute of the statute of

SIGNATURE:	<u> </u>
SIGNATURE.	$-\frac{1}{2}$

olande YOLANDE WELCH 2.14.07

239-3953372 Daytrine Phone #