2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 737747



Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90198 018 ****61.25

FILED

Entity Name ANIBEL LAKE ESTATES I, INC.	PROPERTY OWNERS' ASSOCIATIO	
incipal Place of Business	Mailing Address	

SANIBEL N, INC.	LAKE ESTATES PROPERTY	OWNERS' ASSOCIATION				
Principal Plac P O BOX 368 SANIBEL ISLAI	ce of Business	Mailing Address P O BOX 368 SANIBEL ISLAND FL 33957	<u> </u>			
2 Principal P	Place of Business	3. Mailing Address				
Z. FIIICIPALE		3. Walling Address				81811 B1011 B10ft 81811 t001
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- •		CHECK HERE IF MAKING	CHANGES
City & Stat	е	City & State		4. FEI Number 65	-0037918	Applied For Not Applicable
Zip	. Country	بر بر در در در کار کار در	Country	5. Certificate of Sta		8:75 Additional
	6. Name and Address of Current	Registered Agent	T	7. Name and Add	ress of New Registered A	
	CK SEATE LN FL 33957		Street Addr	Dorothy ress (P.O. Box Number is N Roseate nibel		Zig Code 57
the obligat	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.	ount	Treasure Registered Agent signature re	? <i>C</i>	. 4	4-03
<u>•</u>	FILE NOW: FEE IS \$61.25	Trust Fund Co		Added to Fees	Florida Depart	
10.	OFFICERS AND DIF		11.		S TO OFFICERS AND DIR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOC, JACK 1990 ROSEATE LN SANIBEL FL	Delete :	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carla Johns 190 Purdy	iton PL 33957	Change C-Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSTON, CARLA 690 PURDY DRIVE	Celete	* STREET ADDRESS : V	in Vice presion wilson 865 Ibis L' Sanibel Fi	(V)	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, JOHN 1865 IBIS LANE SANIBEL FL 33957	Defete	TITLE NAME STREET ADDRESS	nd up en Tromb 960 Roseate	LA FL 33957	Change C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONER, RICHARD 2001 ROSEATE LANE SANIBEL FL 33957	Delete	TITLE NAME STREET ADDRESS	Eleanor D 1874 Ibis Danibel Fl	ominek	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	-1	mount	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS	111111111111111111111111111111111111111		☐ Change ☐ Addition

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:

239 395.3493