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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jun 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

751872

(3)

CONDOMINIUM ASSOCIATIONS OF SANIBEL, INC.

Principal Place of Business Mailing Address									4 JABRIEL SAURE BRIDE SERBS JOHER BEGIN SERVE BEDEF AN			AFF DIRTH HOLD
9114 MOCKING	O. BOX 1041	X 1041			3.	. Date Incorporated or Qualified			<u> </u>			
P.O. BOX 1041 SANIBEL FL 33957 SANIBEL FL 33957									04/03/1980			
SAMBEL PL 33837								4.	FEI Number	\top	Ap	plied For
									59-2381698		No	l Applicable
2. Principal Place of Business				2a. Mailing Address				5.	. Certificate of Status Desired			Additional
Suite, Apt. #. etc.				Suite, Apt. #, etc.				_				quired
22				27				В.	Election Campaign Financing Trust Fund Contribution			viay Be Fees
City & State				City & State				7.	. Is this nonprofit corporation a homeowne	_	lation	1?
Zip Country			28	Zip Country						∐ No		
24	25		29	,		20211119		ъ.	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrentyea ∐Yes	_	angibie] No
9, Name and Address of Current								10.	Name and Address of New Registered		_=	
						81	Name					
SMITH, SONA				6			Street Addres	Address (P.O. Box Number is Not Acceptable)				
1661 ESTERO #27 FT. MYERS BEACH FL 33931											 -	 -
FI. MTC	:NO DEAUT	1 FL 3393 !			L	83						
						84	City		FL	85	Zip C	code
11. Pursuant office or r	to the provis	ions of Sections 617, gent, or both, in the S	0502 and 6 tate of Flori	17.1508, Florida Statu da. Such change was	tes, the ab	ove	named corporatio	ratio n's t	on submits this statement for the purpose of board of directors. I hereby accept the app	chang cointme	ing its nt as	s registered registered
	m familiar wi	ith, and accept the o	bligations o	f, Section 617.0503, F	lorida Statu	zestu	i.		, , , ,			_
SIGNATURE .	Signature, typed	for printed name of registers	d agent and title	Happlicable (NO	TE: Registered	Ager	nt signature required	wher	on reinstating) DATE			
12.	OFFICERS AND			DIRECTORS		13.		,	ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TOR	S IN 12
TITLE	DS			☐ DELETE	1.1 111	LE				Cha	ange	Addition
NAME	HALL, L				1.2 NA	ME						
STREET ADDRESS 1117 CAPTAINS WALK				1.3 \$			1.3 STREET ADDRESS					
CITY-ST-ZIP		L FL 33957			1.4 CIT		T-ZIP			"T a:		
TITLE	DP			☐ DELETE	2.1 TiTi					L Cha	inge	Addition
NAME	JENSEN				2.2 NA							
STREET ADORESS	_	ULF DRIVE A47					ADDRESS					
CITY-ST-ZIP	SANIBEL FL						2.4 CITY-ST-ZIP			Cha	2000	Addition
TITLE	VP NATON, LINDA M					3.1 TITLE 3.2 NAME				الله الله	» ក្មេដ	וויייייייייייייייייייייייייייייייייייי
NAME STREET ADORESS		, LINDA M UMSEH DRIVE					ADDRESS					
	LONG MEADOW MA 01106						3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	DT DT			DELETE		4.1 TITLE				☐ Cha	inge	Addition
NAME	NIXON, CLARK					4, 2 NAME				_	•	
STREET ADORESS	1					4.3 STREET ADDRESS						
CITY-ST-ZIP	LA CROSSE WI 54602					4.4 CITY-ST-ZIP						
TITLE						5.1 TITLE				☐ Cha	เกลิย	Addition
NAME						3.2 NAME						
STREET ADDRESS	EET ADDRESS			5.3 S		.3 STREET ADDRESS						
CITY-ST-ZIP					5.4 CIT	Y - ST	T-ZIP					
TITUES				☐ DELETE	6.1 TiTI	LE				Cha	ınge	Addition
NAME	!				6.2 NA	ME						
STREET ADDRESS					6.3 STR	EET /	ADORESS					
CITY-ST-ZIP					6.4 CIT	Y-S1	T-ZIP		140 07/0//	- 416 - 17	 -	

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 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.