

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **756100** (4)

1. Corporation Name

**THE VILLAS OF SANIBEL, A CONDOMINIUM, SECTION II
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2915 W. GULF DRIVE
P.O. BOX 694
SANIBEL FL 33957

2915 W. GULF DRIVE
P.O. BOX 694
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/29/1981

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2213035

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc

26 State, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMBECK, NICHOLAS
1630 PERWINKLE WAY
SANIBEL FL 33957**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

1630 Perwinkle Way

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of current registered agent and title, if applicable

Signature of new registered agent and title, if applicable

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

TITLE	DST
NAME	SEWARD, DAN
STREET ADDRESS	2915 W. GULF DR.
CITY ST ZIP	SANIBEL FL
TITLE	VD
NAME	KIRK, THERESA
STREET ADDRESS	16090 BEACHWOOD RD.
CITY ST ZIP	FINDLAY OH
TITLE	PD
NAME	TURNER, RICHARD
STREET ADDRESS	2915 W GULF DRIVE
CITY ST ZIP	SANIBEL FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Richard Turney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Turney 4-17-95
DATE (Month/Day/Year)