

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 2915 W. GULF DRIVE, P.O. BOX 694, SANIBEL FL 33957
Mailing Address: 2915 W. GULF DRIVE, P.O. BOX 694, SANIBEL FL 33957

3. Date Incorporated or Qualified: 01/29/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2213035
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
**JAMBECK, NICHOLAS
1633 PERIWINKLE WAY
SANIBEL FL 33957**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: DST, NAME: SEWARD, DAN, STREET ADDRESS: 2915 W. GULF DR., SANIBEL FL, CITY-ST-ZIP: _____
TITLE: VD, NAME: KIRK, THERESA, STREET ADDRESS: 16090 BEACHWOOD RD., FINDLAY OH, CITY-ST-ZIP: _____
TITLE: PD, NAME: TURNEY, RICHARD, STREET ADDRESS: 2915 W GULF DRIVE, SANIBEL FL, CITY-ST-ZIP: _____
TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____, 1.2 NAME: _____, 1.3 STREET ADDRESS: _____, 1.4 CITY-ST-ZIP: _____
2.1 TITLE: _____, 2.2 NAME: _____, 2.3 STREET ADDRESS: _____, 2.4 CITY-ST-ZIP: _____
3.1 TITLE: _____, 3.2 NAME: _____, 3.3 STREET ADDRESS: _____, 3.4 CITY-ST-ZIP: _____
4.1 TITLE: _____, 4.2 NAME: _____, 4.3 STREET ADDRESS: _____, 4.4 CITY-ST-ZIP: _____
5.1 TITLE: _____, 5.2 NAME: _____, 5.3 STREET ADDRESS: _____, 5.4 CITY-ST-ZIP: _____
6.1 TITLE: _____, 6.2 NAME: _____, 6.3 STREET ADDRESS: _____, 6.4 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)(k), 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* 4/30/96 (941) 472-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard Turney Date: 4/30/96 Daytime Phone #: (941) 472-5020

CR2E037 (12/95)