

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90065 011 \*\*\*\*61.25



**DOCUMENT # NO100005641**

1. Entity Name

**SANIBEL VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**140 ESTERO BLVD  
 FORT MYERS BEACH FL 33931**

Mailing Address

**275 ESTERO BLVD.  
 FORT MYERS BEACH FL 33931**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**34-1964791**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NAYLOR, JOHN B  
 275 ESTERO BLVD  
 FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name **Brij M. Misra**

Street Address (P.O. Box Number is Not Acceptable)

**275 Estero Blvd**

City **Fort Myers Bch.**

**FL**

Zip Code **33931**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW - FEE IS \$61.25  
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>URKOVICH, RONALD</b>	
STREET ADDRESS	<b>399 LAKE MUREX BLVD</b>	
CITY-ST-ZIP	<b>SANIBEL ISLAND FL 33957</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, EDWIN H</b>	
STREET ADDRESS	<b>15028 WILLISTON LN</b>	
CITY-ST-ZIP	<b>MINNETONKA MN 55345</b>	
TITLE	<b>S/T</b>	<input type="checkbox"/> Delete
NAME	<b>OWENS, DAVE K</b>	
STREET ADDRESS	<b>3232 MCGREGOR BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>PEGGY, SCARPATI</b>	
STREET ADDRESS	<b>275 ESTERO BLVD.</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH FL 33931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

2/3/06 2394638601