
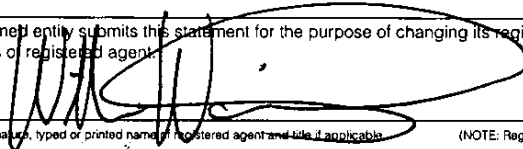
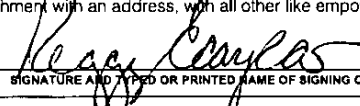


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90011 041 \*\*\*\*61.25

DOCUMENT # N01000005641					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1964791	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MISRA, BRIJ M 275 ESTERO BLVD FORT MYERS BEACH, FL 33931			Name <u>Bill Waicholis</u> Street Address (P.O. Box Number is Not Acceptable) <u>275 Estero Blvd</u> City <u>Fort Myers Beach</u> FL Zip Code <u>33931</u>		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	URKOVICH, RONALD	NAME			
STREET ADDRESS	399 LAKE MUREX BLVD	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMIDT, EDWIN H	NAME			
STREET ADDRESS	15028 WILLISTON LN	STREET ADDRESS			
CITY-ST-ZIP	MINNETONKA, MN 55345	CITY-ST-ZIP			
TITLE	S/T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OWENS, DAVE K	NAME	Secretary / Treasurer		
STREET ADDRESS	3232 MCGREGOR BLVD	STREET ADDRESS	Mark Vigau		
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	5994 N. Pike Lake Rd		
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEGGY, SCARPATI	NAME			
STREET ADDRESS	275 ESTERO BLVD.	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date <u>5/27/07</u>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40114011



04242007 Chg-NP CR2E037 (12/06)