

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2008
Secretary of State**

DOCUMENT# N01000005641

Entity Name: SANIBEL VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

140 ESTERO BLVD
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

275 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 34-1964791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAICHULIS, BILL
275 ESTERO BLVD
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URKOVICH, RONALD
Address: 399 LAKE MUREX BLVD
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: V () Delete
Name: SCHMIDT, EDWIN H
Address: 15028 WILLISTON LN
City-St-Zip: MINNETONKA, MN 55345

Title: S/T () Delete
Name: VIEAU, MARK
Address: 5994 N. PIKE LAKE RD
City-St-Zip: DULUTH, MN 55811

Title: AS () Delete
Name: PEGGY, SCARPATI
Address: 275 ESTERO BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: URKOVICH, RONALD
Address: 5690 PINE TREE LANE
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY SCARPATI

AS

04/14/2008

Electronic Signature of Signing Officer or Director

Date