

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01499

FILED
Sep 02, 2005
Secretary of State

Entity Name: THE SANIBEL PLACE ASSOCIATION, INC.

Current Principal Place of Business:

743 MARTHAS LANE
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

743 MARTHAS LANE
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 33-8303126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREWS, CHRISTINE P
743 MARTHAS LANE
SANIBEL, FL 33957 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: PD () Delete
Name: ANDREWS, CHRISTINE P
Address: 743 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

Title: VSD () Delete
Name: ANDREWS, PAUL D
Address: 743 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: BLACK, JOAN
Address: 747 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLINS, CARL B
Address: 1216 GLEN COVE
City-St-Zip: RICHARDSON, TX 75080

Title: VSD (X) Change () Addition
Name: COLLINS, DOINA
Address: 1216 GLEN COVE
City-St-Zip: RICHARDSON, TX 75080

Title: TD (X) Change () Addition
Name: ANDREWS, CHRISTINE P
Address: 743 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINE P. ANDREWS

TD

09/02/2005

Electronic Signature of Signing Officer or Director

_____ Date