


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N01499 1. Entity Name THE SANIBEL PLACE ASSOCIATION, INC.	
---	---

Principal Place of Business 743 MARTHAS LANE SANIBEL, FL 33957 US	Mailing Address 743 MARTHAS LANE SANIBEL, FL 33957 US
---	---

DO NOT WRITE IN THIS SPACE



05032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 33-8303126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, CHRISTINE P
743 MARTHAS LANE
SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, CARL B 1216 GLEN COVE RICHARDSON, TX 75080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COLLINS, DOINA 1216 GLEN COVE RICHARDSON, TX 75080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREWS, CHRISTINE P 743 MARTHAS LANE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000566925
06/08/06-80002-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Christine P Andrews **5/9/2006** **239-292-9109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #