

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12156 (8)
1. Corporation Name:
SANIBEL PROMENADE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% CARETAKER MANAGEMENT
1630 PERWINKLE WAY
SANIBEL FL 33957
US

3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 07/29/1994
4. FEI Number 65-0058213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1995 Tarpon Bay Rd	2a. Mailing Address 26 % CARETAKER MANAGEMENT P. O. BOX 694 SANIBEL FL 33957 US
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State Sanibel FL	28 City & State
24 Zip 33957	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent
CARETAKER MANAGEMENT
1630 PERWINKLE WAY
SANIBEL FL 33957

10. Name and Address of New Registered Agent B1 Name Caretaker Management
B2 Street Address (P.O. Box Number is Not Acceptable) 1630 Periwinkle Way
B3
B4 City Sanibel FL B5 33957

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	MANN, LYNN 1101 PERIWINKLE WAY SANIBEL FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	BRENNER, COLLEEN 1630 PERIWINKLE WAY SANIBEL FL	12 NAME	
TITLE VD	SCHUMACKER, JOHN 695 TARPON BAY RD SANIBEL FL	13 STREET ADDRESS	
TITLE		14 CITY, ST, ZIP	
TITLE		15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		16 NAME	
TITLE		17 STREET ADDRESS	
TITLE		18 CITY, ST, ZIP	
TITLE		19 CITY, ST, ZIP	
TITLE		20 CITY, ST, ZIP	
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TITLE		26 CITY, ST, ZIP	
TITLE		27 CITY, ST, ZIP	
TITLE		28 CITY, ST, ZIP	
TITLE		29 CITY, ST, ZIP	
TITLE		30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Colleen Brenner **COLLEEN BRENNER** 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Outside Florida)