

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 22 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address

695 TARPON BAY RD.
 1630 PERWINKLE WAY
 SANIBEL FL 33957
 US

% CARETAKER MANAGEMENT
 P. O. BOX 694
 SANIBEL FL 33957
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 695 TARPON BAY RD 26 SANIBEL PROMENADE CONDO ASSN.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 SUITE 9 27 SUITE 9
 City & State City & State
 23 SANIBEL FL. 28 SANIBEL FL.
 Zip Country Zip Country
 24 33957 25 LEE 29 33957 30 LEE

3. Date Incorporated or Qualified 3a. Date of Last Report
 11/18/1985 05/01/1996

4. FEI Number Applied For
 65-0058213 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CARETAKER MANAGEMENT
 1633 PERWINKLE WAY
 SANIBEL FL 33957

SANIBEL PROMENADE CONDO ASSN.
 Jeane Melvin
 695 TARPON BAY RD
 Sanibel, Fla
 33957

10. Name and Address of New Registered Agent

81 Name SANIBEL PROMENADE CONDO ASSN
 JEANE MELVIN
 82 Street Address (P.O. Box Number is Not Acceptable)
 695 TARPON BAY RD SUITE 9
 83
 84 City SANIBEL FL 85 Zip Code 33957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jeane Melvin* DATE 9/28/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	REMOVED TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, LYNN	1.2 NAME	JEANE MELVIN (D)
STREET ADDRESS	1101 PERWINKLE WAY	1.3 STREET ADDRESS	695 TARPON BAY RD SUITE 9
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, COLLEEN	2.2 NAME	CHARLES CHEGUT (D)
STREET ADDRESS	1630 PERWINKLE WAY	2.3 STREET ADDRESS	695 TARPON BAY RD SUITE 11
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	REMOVED PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACKER, JOHN	3.2 NAME	CAROL GAGNON (D)
STREET ADDRESS	695 TARPON BAY RD	3.3 STREET ADDRESS	695 TARPON BAY RD SUITE
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)

SIGNATURE *Jeane Melvin* DATE 9/28/97