FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

POCUMENT # N12156 (8)						
SANIBEL PROMENADE CONDOMINIUM ASSOCIATION, INC.				A FERRIKAN ADE HIGIR KIDAN LIKAR ANNIN DINK BILDIN DIDIK BIRNI DIDIK BIRNI DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK		
Principal Place of Business Mailing Address						
695 TARPON BAY RD. SANIBEL PROMENADE COND SUITE 9 SUITE 9 SANIBEL FL 33957 US			ONDO ASSOC		3. Date Incorporated or Qualified 11/18/1985 4. FEI Number Applied For 65-0058213 Not Applicable	
2. Principal Place of Business 22. Mailing Address 26. Some			L		Certificate of Status Desired Section	
Suite, Apt.	#, ětc.	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution Added to Fees	
City & Stat	bel FIS	City & State			7. Is this nonprofit corporation a homeowners association?	
21339S	Country 25 PP	Zip 29	Countr 30	У	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			10. Name and Address of New Registered Agent	
MELVIN, JEANNE SANIBEL PROMENADE CONDO ASSOC 695 TARPON BAY RD., SUITE 9 SANIBEL FL 33957			82 83	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83		
office or agent a	to the provisions of Sections 617.05.02 registered agent, or both, in the State of	lu .	Mai	201	corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered March March	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	MELVIN, JEANNE	_	1.2 NAME			
STREET ADDRESS	695 TARPON BAY RD., SUITE	9		T ADDRESS		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	Change Addition	
TITLE NAME	VPD CHEGUT, CHARLES	C DETTIE	2.1 TITLE 2.2 NAME		Citalings - Monitori	
STREET ADDRESS	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			t address	45 - 455	
CITY-ST-ZIP	A A A M TO		2. 4 CITY-			
TITLE	PD	☐ DELETE	3.1 TITLE	_	☐ Change ☐ Addition	
NAME	GAGNON, CAROL		3.2 NAME			
STREET ADDRESS	695 TARPON BAY RD. SUITE		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	SANIBEL FL	T DELETE	3.4. CITY-	ST-ZIP	Change Addition	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME CEREET ADDRESS			4. 2 NAME	t address		
STREET ADDRESS CITY-ST-ZIP			4.4 CiTY-			
TITLE		DELETE	5.1 TITLE	u1 - #11	Change Addition	
NAME		_	5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-ZIP	L	The state of the s	6.4 CITY -	ST-ZIP		

I 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.

FILED

May 22 1998 8:00am

Secretary of State