
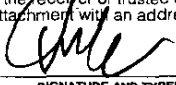


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90010 047 \*\*\*\*61.25

<b>DOCUMENT # N12156</b>					
1. Entity Name SANIBEL PROMENADE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 695 TARPON BAY RD. SUITE 5 SANIBEL, FL 33957 US			Mailing Address 695 TARPON BAY RD. SUITE 5 SANIBEL, FL 33957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0058213	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OWENS, DAVE 695 TARPON BAY RD., #5 SANIBEL, FL 33957			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, JEANNE		NAME	Jeanne Melvin	
STREET ADDRESS	695 TARPON BAY RD., SUITE 9		STREET ADDRESS	695 Tarpon Bay #9	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Sanibel FL 33957	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMOOR, TERRI		NAME		
STREET ADDRESS	695 TARPON BAY RD., #12		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, DAVE		NAME	Dave Owens	
STREET ADDRESS	695 TARPON BAY #5		STREET ADDRESS	695 Tarpon Bay #5	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Sanibel FL 33957	
TITLE		<input type="checkbox"/> Delete	TITLE	Charles Manzella	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Charles Manzella	
STREET ADDRESS			STREET ADDRESS	695 Tarpon Bay Rd #3	
CITY-ST-ZIP			CITY-ST-ZIP	Sanibel FL 33957	Pres
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 		Treasurer		4/30/04 239-472-1439	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	