

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90032 036 ****61.25

DOCUMENT # N12156



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

50007815



2. Principal Place of Business

3. Mailing Address
695 TARPON BAY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#3

01212005 Chg-NP CR2E037 (10/03)

City & State

City & State
SANIBEL FL

4. FEI Number
65-0058213

Applied For
 Not Applicable

Zip

Country

Zip

33957

Country

USA

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

6. Name and Address of Current Registered Agent

OWENS, DAVE
 695 TARPON BAY RD., #5
 SANIBEL, FL 33957

7. Name and Address of New Registered Agent

Name **CHARLES MANZELLA**

Street Address (P.O. Box Number is Not Acceptable)

695 TARPON BAY RD #3

City

SANIBEL

FL

Zip Code

33957

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

Charles Manzella, Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$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 Delete
 NAME **S**
MELVIN, JEANNE
 STREET ADDRESS **695 TARPON BAY #49**
 CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE Change Addition

TITLE Delete
 NAME **T**
OWENS, DAVE
 STREET ADDRESS **695 TARPON BAY #5**
 CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE Change Addition

TITLE Delete
 NAME **D**
MANZELLA, CHARLES
 STREET ADDRESS **695 TARPON BAY RD. #3**
 CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE Change Addition
PRESIDENT

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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:

David A Owens **DAVID A OWENS**

Treas

1/21/05

239-472-1439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #