


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90099 022 \*\*\*\*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 ROAD SUITE 3 SANIBEL, FL 33957 US	
2. Principal Place of Business 695 TARPON BAY RD.		3. Mailing Address 695 TARPON BAY RD.	
Suite, Apt. #, etc. # 16		Suite, Apt. #, etc. # 16	
City & State SANIBEL, FL		City & State SANIBEL, FL	
Zip 33957	Country US	Zip 33957	Country US
6. Name and Address of Current Registered Agent MANZELLA, CHARLES 695 TARPON BAY ROAD SUITE 3 SANIBEL, FL 33957		7. Name and Address of New Registered Agent 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: <i>Charles S. Manzella, President</i> CHARLES S. MANZELLA DATE: 1/19/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution? <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELVIN, JEANNE 695 TARPON BAY #49 SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, DAVE 695 TARPON BAY #5 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZELLA, CHARLES 695 TARPON BAY RD. #3 SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 695 TARPON BAY #13 SANIBEL, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANZELLA, CHARLES 695 TARPON BAY RD. #3 SANIBEL, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles S. Manzella</i> CHARLES S. MANZELLA		Date: 1/19/06 Daytime Phone #: 239-395-2888	