


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

02-12-2003 90132 030 ****61.25

0014556

DOCUMENT # N12156
1. Entity Name
SANIBEL PROMENADE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**695 TARPON BAY RD.
SUITE 9
SANIBEL FL 33957
US**

Mailing Address
**695 TARPON BAY RD.
SUITE 9
SANIBEL FL 33957
US**

55052541



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
695 Tarpon Bay
Suite, Apt. #, etc. **#5**

3. Mailing Address
695 Tarpon Bay
Suite, Apt. #, etc. **#5**

City & State
Sanibel FL

City & State
Sanibel FL

4. FEI Number **65-0058213**

Applied For
Not Applicable

Zip **33957** Country **USA**

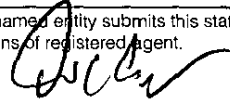
Zip **33957** Country **USA**

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

6. Name and Address of Current Registered Agent
**MELVIN, JEANNE
SANIBEL PROMENADE CONDO ASSOC
695 TARPON BAY RD., SUITE 9
SANIBEL FL 33957**

7. Name and Address of New Registered Agent
Name **DAVE OWENS**
Street Address (P.O. Box Number is Not Acceptable)
695 Tarpon Bay Rd #5
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  DATE **7/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELVIN, JEANNE 695 TARPON BAY RD., SUITE 9 SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHEGUT, CHARLES 695 TARPON BAY RD., SUITE 11 SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWENS, DAVE 695 TARPON BAY #5 SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MELVIN, JEANNE 695 Tarpon Bay #9 Sanibel, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer OWENS, DAVE 695 Tarpon Bay #5 Sanibel FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary TERRI Blackmoor 695 Tarpon Bay Rd #12 Sanibel FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)

Attachment

Sanibel Promenade Condominium Association, Inc.
695 Tarpon Bay Road
Unit #5
Sanibel, FL 33957
239-472-1439

55052541
#N12150

July 25, 2003

Florida Department of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #N12156

To Whom It May Concern:

The attached report was filed back in January 2003 with check #1069. The report was returned (but never received) to us due to lack of directors listed.

We have made the necessary corrections on the attached form. If you have any questions please give me a call at the above phone number.

Best regards,



Kathy Moran
Office Manager

Enclosure

Best regards,

Enclosed are two copies of the above forms and report.

All forms include the necessary corrections on the attached report. If you have any questions

please call me at the above phone number.

The attached forms are for your information only. They are not to be used for filing.

Thank you for your attention.