

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12228 (5)**

1. Corporation Name

**SANIBEL PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2323 WOOSTER LN  
SANIBEL FL 33957

~~PO BOX 1401  
SANIBEL FL 33957  
US~~

3. Date Incorporated or Qualified  
**11/25/1985**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business  
21 **2323 Wooster Lane**  
Suite, Apt. #, etc

2a. Mailing Address  
26 **P.O. Box 1591**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2832769**

Applied For  
Not Applicable

22 City & State  
**Sanibel, FL**

27 City & State  
**Sanibel, FL**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip  
**33957**

25 Country  
**USA**

28 Zip  
**33957**

30 Country  
**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIN, IRWIN J  
2323 WOOSTER LANE  
STE 4  
SANIBEL FL 33957**

81 Name **Lauren Davies**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Custom Management Services**  
83 **1597 Sandcastle Rd**  
84 City **Sanibel** FL 85 Zip Code **33957**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lauren M. Davies*  
Signature typed or printed name of registered agent and title if applicable

*Lauren M.V. Davies  
Property Manager*  
DATE **3/5/96**

(NOTE: Registered Agent signature required upon reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>SHORACK, WILLIAM</b>	
STREET ADDRESS	<b>2323 WOOSTER LANE#6</b>	
CITY-ST-ZIP	<b>SANIBEL FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>KOLBER, MARK</b>	
STREET ADDRESS	<b>2323 WOOSTER LA 6</b>	
CITY-ST-ZIP	<b>SANIBEL FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/>
NAME	<b>STEIN, ARLYN</b>	
STREET ADDRESS	<b>2323 WOOSTER LN 4</b>	
CITY-ST-ZIP	<b>SANIBEL FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	<b>VD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>Kaulber, Mark</b>		
23 STREET ADDRESS	<b>2323 Wooster Lane, #3</b>		
24 CITY-ST-ZIP	<b>Sanibel, FL 33957</b>		
31 TITLE	<b>STD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	<b>Dunphy, Roger</b>		
33 STREET ADDRESS	<b>2323 Wooster Lane, #6</b>		
34 CITY-ST-ZIP	<b>Sanibel, FL 33957</b>		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *William Shorack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/5/96** Daytime Phone # **941-472-2060**

CR2E037 (12/95)