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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

713554

(4)

## SANIBEL - CAPTIVA CONSERVATION FOUNDATION, INC.

Principal Pla	ce of Business	Mailing Address			#   #####       ######################	JUSA BINDI MENER WII	HI 81811 LB21
3333 SANIBEL-CAPTIVA ROAD		3333 SANIBEL-CAPTIVA ROAD		3. Date Incorporated or Qualified			
P.O. BOX 839 SANIBEL FL 33957-0839		P.O. BOX 839 SANIBEL FL 33957-0839		10/31/1967			
SANIBEL FL 33957-0539		SAMBEL PL 33837-0038		4. FEI Number	Ap	olied For	
ļ					59-1205087	No	Applicable
2. Principal	Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 A	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 N	·
22		27			Trust Fund Contribution Added to Fees		
City & Sta	ate	City & State			7. Is this nonprofit corporation a homeowne	ers association No	
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the cu		
24	25	29	30				No
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
			8.	Name			
GRAHAM, JIM 3256 TWIN LAKE LN			82 Street Addr		Address (P.O. Box Number is Not Acceptable)		
	EL FL 33957		8:	3			
			8	City	FL	<b>85</b> Zip 0	ode
44.0	1	02 and 617 1509 Elarida Statut	too the ebe	o pamad	corporation cultimite this statement for the purpose of	of changing its	registered
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 register 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 register agent. I am famillar with, and accept the obligations of, Section 617,0503, Florida Statutes.							registered
		gations of, Section 617.0503, FI	orida Statute	es.	•		
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicable. (NOT	TE. Registered A	ent signature	required when reinstating) DATE		<del></del>
12.	OFFICERS A		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
			10.		ADDITIONS/CHANGES TO OFFICERS AN		011415
TITLE	VPT	DELETE	1.1 TITLE		VPT	<b>⊠</b> Change	Addition
TITLE NAME	VPT HOLSINGER, CONSTANCE	DELETE					
l	HOLSINGER, CONSTANCE	DELETE	1.1 TITLE 1.2 NAME	T ADDRESS	VPT		
NAME	HOLSINGER, CONSTANCE	DELETE	1.1 TITLE 1.2 NAME	T ADDRESS	Tan Deal skaugetad	<b>⊠</b> Change	Addition
NAME STREET ADORESS	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT	DELETE	1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	JEAN SKAUGSTAD DEAN SKAUGSTAD		
NAME STREET ADORESS CITY-ST-ZIP	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL	Delete <b>A</b> .	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T ADDRESS ST-ZIP	JEAN SKAUGSTAD DEAN SKAUGSTAD	<b>⊠</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM	Delete <b>A</b> .	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI	T ADDRESS ST-ZIP T ADDRESS	JEAN SKAUGSTAD BESI COQUINA DR. SANIBEL, FL 38957	<b>⊠</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000	A.  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	T ADDRESS ST-ZIP T ADDRESS	JEAN SKAUGSTAD DEAN SKAUGSTAD	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST	Delete <b>A</b> .	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST ADDRESS ST ZIP	JEAN SKAUGSTAD BESI COQUINA DR. SANIBEL, FL 38957	<b>⊠</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM	A.  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST ADDRESS -ST ZIP	JEAN SKAUGSTAD BESI COQUINA DR. SANIBEL, FL 38957	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL  TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C	A.  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS -ST ZIP ET ADDRESS	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANIBEL, FL 38757  33957	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL  TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL	DELETE  DELETE  DELETE  T	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST ZIP ET ADDRESS	JEAN SKAUGSTAD BESI COQUINA DR. SANIBEL, FL 38957	Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL	A.  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST ZIP T ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANIBEL, FL 38757  33957	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL PT HILLEBRANDT, WILLIAM	DELETE  DELETE  DELETE  T	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAME	TT ADDRESS ST-ZIP  TT ADDRESS -ST (ZIP)  TT ADDRESS -ST (ZIP)	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANIBEL, FL 38757  33957	Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL  TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL  PT HILLEBRANDT, WILLIAM 3649 GULF DR.	DELETE  DELETE  DELETE  T	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI	TT ADDRESS ST-ZIP  TT ADDRESS ST ZIP  TT ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANI BEL, FL 3895T  3395T	Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL PT HILLEBRANDT, WILLIAM	DELETE  DELETE  DELETE  T  DELETE	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY-	TT ADDRESS ST-ZIP  TT ADDRESS ST ZIP  TT ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANIBEL, FL 38757  33957	Change  Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL  TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL  PT HILLEBRANDT, WILLIAM 3649 GULF DR.	DELETE  DELETE  DELETE  T	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREI 4.2 NAME 4.3 STREI 5.1 TITLE	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANI BEL, FL 3895T  3395T	Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL PT HILLEBRANDT, WILLIAM 3649 GULF DR. SANIBEL FL	DELETE  DELETE  DELETE  T  DELETE	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP  T ADDRESS ST ZIP  T ADDRESS T ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANI BEL, FL 3895T  3395T	Change  Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL PT HILLEBRANDT, WILLIAM 3649 GULF DR. SANIBEL FL	DELETE  DELETE  DELETE  T  DELETE	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.3	ET ADDRESS ST-ZIP  ET ADDRESS ST ZIP  ET ADDRESS ST ZIP  ET ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANI BEL, FL 3895T  3395T	Change  Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL PT HILLEBRANDT, WILLIAM 3649 GULF DR. SANIBEL FL	DELETE  DELETE  DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS ST-ZIP  ET ADDRESS ST ZIP  ET ADDRESS ST ZIP  ET ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANI BEL, FL 3895T  3395T	Change  Change  Change	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL PT HILLEBRANDT, WILLIAM 3649 GULF DR. SANIBEL FL	DELETE  DELETE  DELETE  T  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	T ADDRESS ST-ZIP  T ADDRESS ST ZIP  T ADDRESS ST ZIP  T ADDRESS ST ZIP  T ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANI BEL, FL 3895T  3395T	Change  Change  Change	Addition Addition Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLSINGER, CONSTANCE 4190 DINGMAN DRIVE SANIBEL FL TT GRAHAM, JIM 3256 TWIN LAKE LN SANIBEL, FL 00000 ST HAGGART, JIM 12491 COCONUT CREEK C FT MYERS FL PT HILLEBRANDT, WILLIAM 3649 GULF DR. SANIBEL FL	DELETE  DELETE  DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 5.4 CITY- 5.1 TITLE 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP  T ADDRESS ST ZIP  T ADDRESS ST ZIP  T ADDRESS ST ZIP  T ADDRESS ST ZIP	TOPT  DEAN SKAUGSTAD  3851 COQUINA DR.  SANI BEL, FL 3895T  3395T	Change  Change  Change	Addition Addition Addition Addition Addition

■ 6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address.

SIGNATURE:

AMES BITGRAHAMINIAMON Shaham

-K-98 (941)472-8633

**FILED** 

Feb 03 1998 8:00am

Secretary of State

A COMINI INDUA CIDAS INCOLORISMI DILICI RECE CREM CIDIA DISTRACIONAL ACCIDI RECEI ENCA

CR2E037 (10/97)