2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 05, 2000 8:00 am
Secretary of State
06-05-2000 90047 011 ****61.25

DOCUMENT # 705163

1. Entity Name

SANIBEL COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2173 PERIWINKLE WAY P.O. BOX 76 SANIBEL FL 33957	2173 PERIWINKLE WAY P.O. BOX 76 SANIBEL FL 33957-0076

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1060466 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWENS, DAVID A 2440 PALM RIDGE ROAD C.O ISLAND FINANCIAL SANIBEL FL 33957	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.

SIGNATURE [signature] 5/24/00
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADLER, JOHN 1125 JUNONIA STREET SANIBEL FL 33957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT URKOVICH, RONALD 5690 PINE TREE SANIBEL, FL 33957	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACHRODER, ANDY 1475 ANGEL DRIVE SANIBEL FL 33957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DAVID GANZ 3136 TWIN LAKES LN SANIBEL FL 33957	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OWENS, DAVE 2440 PALM RIDGE RD SANIBEL FL 33957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RICHARD MCCURRY 2450 PERIWINKLE WAY SANIBEL FL 33957	☐ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLEASON, DEB 1731 SERENITY LANE SANIBEL FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, STEPHEN 3819 WEST GULF DRIVE SANIBEL FL 33957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR FAYE MATTHEWS PO BOX 1638 SANIBEL FL 33957	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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] SIGNATURE REQUIRED 5/24/00 941-472-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature]