

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705163

1. Corporation Name

SANIBEL COMMUNITY ASSOCIATION, INC.

Principal Place of Business

2173 PERIWINKLE WAY
P.O. BOX 76
SANIBEL FL 33957

Mailing Address

2173 PERIWINKLE WAY
P.O. BOX 76
SANIBEL FL 33957

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1963

5. FEI Number

59-1060466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	URKOVICH, RONALD Ann Arnoff	2577 W. Gulf Dr #302 Sanibel FL 33957	SANIBEL FL 33957
SD	JASS, HERMAN	33747 LATEWILAKES LN Sanibel FL 33957	SANIBEL FL 33957
VPD	SCHURRY, RICHARD Gordon Schopfer	150 PERIWINKLE WAY P.O. Box 766 Sanibel FL 33957	SANIBEL FL 33957
TD	ROEBB, ROEPSTORFF Robbi Roepstorff	1699 Periwinkle way Sanibel FL 33957	SANIBEL FL 33957
ED	MATHEWS, ST. JOHN Paula ST. John	P.O. Box 101 Sanibel FL 33957	SANIBEL FL 33957

8. Name and Address of Current Registered Agent

URKOVICH, RONALD S
2323 WOOSTER LANE, SUITE 2
SANIBEL ISLAND FL 33957

9. Name and Address of New Registered Agent

Name
Ann Arnoff
Street Address (P.O. Box Number is Not Acceptable)
2777 W. Gulf Dr #302
Suite, Apt. #, Etc.
#302
City
Sanibel
State
FL
Zip Code
33957

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Ann Arnoff
REGISTERED AGENT MUST SIGN

Date

10/18/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

472-2155
239-335-1452

CH20040 (8/02)