

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 705163

1. Entity Name
SANIBEL COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2173 PERIWINKLE WAY
SANIBEL, FL 33957**

Mailing Address
**2173 PERIWINKLE WAY
SANIBEL, FL 33957**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**BAKER, GLORIA
2173 PERIWINKLE WAY
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000807397
02/07/08-80007-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLY, MICHAEL
STREET ADDRESS	P O BOX 548
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	S
NAME	MUENCH, EMILY
STREET ADDRESS	1119 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VT
NAME	LISENBEE, ROB
STREET ADDRESS	1399 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	TD
NAME	IGO, TERRY
STREET ADDRESS	2407 PERIWINKLE WY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	M
NAME	BAKER, GLORIA
STREET ADDRESS	2173 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #