

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749313

FILED
Mar 18, 2009
Secretary of State

Entity Name: SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6062 DINKINS LK KRD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 964
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1901527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY KEEPERS
6062 DINKINS LAKE ROAD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARE, THOMAS,
Address: 8 CHICKADEE LANE
City-St-Zip: N OAKS, MN 55127

Title: PD () Delete
Name: WOOD, MICHAEL,
Address: 11165 W ALLEN RD
City-St-Zip: HAYWARD, MI 48443

Title: STD () Delete
Name: LITSZINGER, DAVID,
Address: 1650 GREEN BAY DR
City-St-Zip: LAKE BLUFF, IL 60044

Title: VD () Delete
Name: MAGNOTTO, MARK,
Address: 1900 LAKE ST #124
City-St-Zip: ROCKY RIVER, OH 44116

Title: D () Delete
Name: MCGOWAN, MICHAEL,
Address: 737 E GULF # B4
City-St-Zip: SANIBEL, FL 33957

Title: AT () Delete
Name: PROPERTY KEEPERS,
Address: 6062 DINKINS LAKE ROAD
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MAGNOTTO, MARK,
Address: 17874 LAKE RD
City-St-Zip: LAKEWOOD, OH 44107

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCGOWAN, MICHAEL,
Address: 7205 FLEETWOOD DR.
City-St-Zip: EDINA, MN 55439

Title: D (X) Change () Addition
Name: CLUMPNER, KATHY,
Address: 2903 TIMBER LN
City-St-Zip: JANESVILLE, WI 53548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MAGNOTTO

PD

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date