## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Michael F. Kelly
IGNATURE and TYPED OR PRINTED A ME OF SIGNING OFFICER OR DIRECTOR

## FILED Jul 09, 2007 8:00 am Secretary of State 07-09-2007 90050 017 \*\*\*\*61.25

239-472-8975

| DOCUMENT # 705163  1. Entity Name SANIBEL COMMUNITY ASSOCIATION, INC.   |  |  |                               |   |                                   | 07 05 2007 50      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 01.20      |
|---|--|--|-------------------------------|---|-----------------------------------|--------------------|---|------------|
| 2173 PERIW<br>P.O. BOX 76<br>SANIBEL, FL  | 33957                                    | Mailing Address<br>2173 PERIWINKLE WAY<br>P.O. BOX 76<br>SANIBEL, FL 33957 |                               |   |                                   |                    | 2(8)) 8(2)) 8(8)) <del>2</del> (8)) 8   |            |
| 2. Principal Place of Business - No P.O. Box # WW 13. Mailing Address 2 1 7 3 Periwin Kle 21 7 3 Feriw Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |  | riwinKl                       | way   |                                   |                    |   |            |
| City & State FL   |  | City & State<br>San i be 1. F-L  |                               |   | 4. FEI Number                     |                    | R2E037 (12/06)                          | pplied For |
| Zip Country   |  | Zipo Country   |                               |   | 59-106046<br>5. Certificate of St |                    | ¬ \$8.75 Ac                             |            |
| 2393  | 6. Name and Address of Current F         | Registered Agent   | USA                           |   |                                   | ress of New Regist | Fee Requir                              | ed         |
| MATTHEWS, FAYE  |  |  |                               | Name GLoria Baker   |                                   |                    |   |            |
| 2173 PERIWINKLE WAY<br>SANIBEL, FL 33957  |  |  | Street A                      | Street Address (P.O. Box Number is Not Acceptable) 2173 Perhul OFLE Way |                                   |                    |   |            |
|   |  |  | City                          | <u></u>   | 0,1-01                            |                    | FL Zy                                   | de - H     |
| 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 talk if applicable (NOTE Registered Agent signature required when reinstating)  DATE   |  |  |                               |   |                                   |                    |   |            |
|   |  |  |                               |   |                                   |                    |   |            |
| Filing Fee is \$61.25  Due by September 14, 2007  9. Election Campaign Financing \$5.  Trust Fund Contribution.   Adde  |  |  |                               |   |                                   |                    | Department of S                         |            |
| 10.   | OFFICERS AND DIR                         | ECTORS Delete  | 11.                           |   | ADDITIONS/CHANG                   | ES TO OFFICERS A   |   |            |
| NAME  | KELLY, MICHAEL                           | ∟r Delete  | TITLE<br>NAME                 |   |                                   |                    | ☐ Change                                | Addition   |
| STREET ADDRESS<br>CITY-ST-ZIP   | P O BOX 548<br>CAPTIVA, FL 33924         |  | STREET ADDRESS<br>CITY-ST-ZIP |   |                                   |                    |   |            |
| TITLE   | S  | Delete   | TITLE S                       | En  | nilu Mue                          | ench               | Change                                  | Addition   |
| NAME<br>STREET ADDRESS  | SCHECKER, BILL<br>9416 ARUM CT.          |  | NAME<br>STREET ADDRESS        |   | 19 Perio                          | vinkle L           | way                                     |            |
| CITY-ST-ZIP   | SANIBEL, FL 33957                        |  | CITY-ST-ZIP                   | 1   | ianibel i                         |                    | 33957                                   |            |
| TITLE<br>NAME   | VP<br>ARNOFF, ANN                        | Qelete   | TITLE V                       | Ro  | 3 1                               |                    | Change                                  | ☐ Addition |
| STREET ADDRESS  | 277 <u>7_W</u> EST GULF.DR. #302         |  | STREET ADDRESS                | 16  | 99 Perio                          | i. nkieli          | Day .                                   |            |
| CITY-ST-ZIP   | SANIBEL, FL 33957                        |  | CITY-ST-ZIP                   | S   | <u>anibel,</u>                    | FL :               | <u> 33457</u>                           |            |
| TITLE<br>NAME   | TD<br>IGO, TERRY                         | ☐ Delete   | TITLE<br>NAME                 |   |                                   |                    | ☐ Change                                | ☐ Addition |
| STREET ADDRESS  | 2407 PERIWINKLE WY                       |  | STREET ADDRESS                |   |                                   |                    |   |            |
| CITY-ST-ZIP   | SANIBEL, FL 33957                        | Delete   | CITY-ST-ZIP                   | (2)   | oria_12                           | ~ Va~              | Change                                  | Addition   |
| NAME  | MATTHEWS, FAYE                           | Clore  | NAME                          | 21  | 113 Peri                          | ninkla             | L) OCU                                  |            |
| STREET ADDRESS<br>CITY-ST-ZIP   | 2173 PERIWINKLE WAY<br>SANIBEL, FL 33957 |  | STREET ADDRESS<br>CHY-ST-ZIP  |   | anibel                            | te I               | 3399                                    | ~ <b>,</b> |
| THTLE   |  | ☐ Delete   | TITLE                         |   | oci i i i pe i                    | · ~                | ☐ Change                                | Addition   |
| NAME<br>STREET ADDRESS  |  |  | NAME<br>STREET ADDRESS        |   |                                   |                    |   |            |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP                   |   |                                   |                    |   |            |
| 12. Thereby 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. |  |  |                               |   |                                   |                    |   |            |
|   |  | 1 A A LL   | 1                             |   |                                   |                    |   | ;          |