

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705163

FILED
Mar 11, 2009
Secretary of State

Entity Name: SANIBEL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2173 PERIWINKLE WAY
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

2173 PERIWINKLE WAY
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1060466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, GLORIA
2173 PERIWINKLE WAY
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: PD () Delete
Name: KELLY, MICHAEL
Address: P O BOX 548
City-St-Zip: CAPTIVA, FL 33924

Title: S () Delete
Name: MUENCH, EMILY
Address: 1119 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: VP () Delete
Name: LISENBEE, ROB
Address: 1699 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: IGO, TERRY
Address: 2407 PERIWINKLE WY
City-St-Zip: SANIBEL, FL 33957

Title: M () Delete
Name: BAKER, GLORIA
Address: 2173 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: KIRKLAND, SALLI
Address: 2090 SUNSET CIRCLE
City-St-Zip: SANIBEL, FL 33957

Title: TD (X) Change () Addition
Name: LISTENBEE, ROB
Address: 1699 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: MGT (X) Change () Addition
Name: BAKER, GLORIA
Address: 2173 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

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: MICHAEL KELLY

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date