2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723179

FILED Apr 04, 2007 Secretary of State

Entity Name: SUNDIAL OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1501 MIDE	DLE GULF DI	RIVE			
BOX 10 SANIBEL I	SLAND, FL	33957			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 1 SANIBEL I	0 SLAND, FL	33957			
FEI Number:	: 59-1544807	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	STACY DLE GULF DI FL 33957	R US			
	named entity of Florida.	y submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electro	onic Signature of Registered A	gent	Date	
OFFICER	S AND DIRE	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HARRIS, CAN 3457 INNSBF		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	P (BUECKER, T 62 N FOX MI SPRINGFIEL	LL LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	BUECKER, T 62 N FOX MI SPRINGFIEL T (LUCHT, GEO 457 RICE LA	ED LL LANE D, IL 62712 () Delete RGE	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BUECKER, T 62 N FOX MI SPRINGFIEL T LUCHT, GEO 457 RICE LA MAPLE GRO	ED LL LANE D, IL 62712 () Delete RGE KE RD VE, MN 55369 () Delete AROL KHILL DR	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BUECKER, T 62 N FOX MI SPRINGFIEL T LUCHT, GEO 457 RICE LA MAPLE GRO D CUSMANO, C 69289 BROO ROMEO, MI D JOHNSON, J	ED LL LANE D, IL 62712 () Delete RGE KE RD VE, MN 55369 () Delete AROL KHILL DR 48065 () Delete M I HOUSE LANE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: CANDACE HARRIS S 04/04/2007