2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 723179

Entity Name: SUNDIAL OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1501 MIDDLE GULF DRIVE
BOX 10
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

Current Mailing Address:

PO BOX 10
SANIBEL ISLAND, FL 33957

New Mailing Address:

FEI Number: 59-1544807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODE, STACY
1501 MIDDLE GULF DR
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:	S	( ) Delete
Name:	HARRIS, CANDACE	
Address:	3457 INNSBROOK DR	
City-St-Zip:	ROCHESTER HILLS, MI 11040	
Title:	P	( ) Delete
Name:	BUECKER, TED	
Address:	62 N FOX MILL LANE	
City-St-Zip:	SPRINGFIELD, IL 62712	
Title:	T	( ) Delete
Name:	LUCHT, GEORGE	
Address:	457 RICE LAKE RD	
City-St-Zip:	MAPLE GROVE, MN 55369	
Title:	D	( ) Delete
Name:	LEDGERWOOD, THOMAS	
Address:	1317 CROWN COURT	
City-St-Zip:	BLOOMINGTON, IL 61704	
Title:	D	( ) Delete
Name:	JOHNSON, JIM	
Address:	561 MISSION HOUSE LANE	
City-St-Zip:	SAINT PAUL, MN 55112	
Title:	VP	( ) Delete
Name:	WEBSTER, CARL	
Address:	945 IRONWOOD AVE	
City-St-Zip:	DARIEN, IL 60561	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CANDACE HARRIS S 04/02/2009

Electronic Signature of Signing Officer or Director — Date