

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 728865	
1. Entity Name SANDPEBBLE CONDOMINIUM ASSOCIATION OF SANIBEL, INC.	
Principal Place of Business 1440 MIDDLE GULF DRIVE, #1C SANIBEL, FL 33957	Mailing Address C/O PROPERTY KEEPERS P.O. BOX 964 SANIBEL, FL 33957



05 MAR 29 PM 2:22

DIRECTOR'S
OFFICE



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1656361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANTY, DEBRA CAM 6062 DINKINS LK RD SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MALLON, THOMAS C. 1440 MIDDLE GULF DR., #3-D SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MINSKY, NORMAN 1440 MIDDLE GULF DR 1B SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRADSHAW, KENNETH 1440 MIDDLE GULF DR STE 2C SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CORKLE, MARGARET A 1440 MIDDLE GULF DR 1F SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FORTUNATO, EUGENE 1440 MIDDLE GULF DR #4E SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/31/05-80015-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

Date

Daytime Phone #