

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90072 011 \*\*\*\*61.25

**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**

**50001266**



2. Principal Place of Business - No P.O. Box #  
**6062 DINKINS LK RD**

3. Mailing Address

02042008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

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4. FEI Number  
**59-1656361**

Applied For  
Not Applicable

City & State  
**Sanibel FL**

City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

Zip **33957** Country **US**

Zip

Country

## 6. Name and Address of Current Registered Agent

**CANTY, DEBRA CAM  
6062 DINKINS LK RD  
SANIBEL, FL 33957**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete  
NAME **MINSKY, NORMAN**  
STREET ADDRESS **1440 MIDDLE GULF DR 1B**  
CITY-ST-ZIP **SANIBEL, FL**

TITLE **DP** ☐ Delete  
NAME **BRADSHAW, KENNETH**  
STREET ADDRESS **1440 MIDDLE GULF DR STE 2C**  
CITY-ST-ZIP **SANIBEL, FL**

TITLE **DS** ☐ Delete  
NAME **CORKLE, MARGARET A**  
STREET ADDRESS **1440 MIDDLE GULF DR 1F**  
CITY-ST-ZIP **SANIBEL, FL**

TITLE **D** ☐ Delete  
NAME **FORTUNATO, EUGENE**  
STREET ADDRESS **1440 MIDDLE GULF DR #4E**  
CITY-ST-ZIP **SANIBEL, FL**

TITLE **DT** ☐ Delete  
NAME **HUBACH, JOHN**  
STREET ADDRESS **2456 BYRON ROAD**  
CITY-ST-ZIP **HUDSONVILLE, MI 49426**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby 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.

SIGNATURE: **X Kenneth A. Bradshaw** **KENNETH A. BRADSHAW** **3-7-08-472-8904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #