


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90289 040 ****61.25

| | | | | | |
|--|---------------------------|--|---|--|---|
| DOCUMENT # 733890 | | | |  | |
| 1. Entity Name SANIBEL BAYOUS HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business P.O. BOX 1633 SANIBEL FL 33957 | | Mailing Address P.O. BOX 1633 SANIBEL FL 33957 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1737348 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HASSELMAN, RICHARD B 5289 LADYFINGER LAKE RD SANIBEL FL 33957 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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. <p style="text-align: center;"><i>(NO CHANGE IN REGISTERED AGENT)</i></p> | | | | | |
| SIGNATURE <i>R. Hasselman</i> | | (NOTE: Registered Agent signature required when re-registering) | | DATE 4/05/06 | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make Check Payable to Florida Department of State <input checked="" type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Additi |
| NAME | FINNELL, PHILLIP P. | | NAME | SHIMBERG, ORLENE M | |
| STREET ADDRESS | 4626 BRAINARD BAYOU RD. | | STREET ADDRESS | 4562 BOWEN BAYOU RD. | |
| CITY-ST-ZIP | SANIBEL FL 33957 | | CITY-ST-ZIP | SANIBEL, FL 33957 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additi |
| NAME | TRUELSEN, DAVE | | NAME | | |
| STREET ADDRESS | 5304 LADY FINGER LAKE RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SANIBEL FL 33957 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi |
| NAME | SHIMBERG, ORLENE M | | NAME | CANTALUPA, Rocco | |
| STREET ADDRESS | 4562 BOWEN BAYOU RD. | | STREET ADDRESS | 2026 WILD LIME DR | |
| CITY-ST-ZIP | SANIBEL FL 33957 | | CITY-ST-ZIP | SANIBEL, FL 33957 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additi |
| NAME | HASSELMAN, RICHARD B | | NAME | | |
| STREET ADDRESS | 5289 LADYFINGER LAKE RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SANIBEL FL 33957 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D/ | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additi |
| NAME | | | NAME | IGO, TERENCE | |
| STREET ADDRESS | | | STREET ADDRESS | 4629 BRAINARD BAYOU RD | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | SANIBEL, FL 33957 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additi |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

R.B. Hasselman

R.B. HASSELMAN, TRFAC

4/05/06

239/472-9202