


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90022 038 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1737348		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 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		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIMBERG, ORLENE M		NAME	IGO, TERRY M	
STREET ADDRESS	4562 BOWEN BAYOU RD		STREET ADDRESS	4629 BRAINARD BAYOU RD	
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUELSEN, DAVE		NAME	GINIPRO, ANDREW	
STREET ADDRESS	5304 LADY FINGER LAKE RD.		STREET ADDRESS	4619 BRAINARD BAYOU RD	
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTALUPE, ROCCO		NAME	RAUH, TRUDY	
STREET ADDRESS	2026 WILD LIME DR		STREET ADDRESS	5284 LADYFINGER LAKE RD	
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"/> Addition
NAME	HASSELMAN, RICHARD B		NAME		
STREET ADDRESS	5289 LADYFINGER LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IGO, TERENCE		NAME	COSTELLO, MICHAEL J.	
STREET ADDRESS	4629 BRAINARD BAYOU RD		STREET ADDRESS	5300 UMBRELLA POOL RD	
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: R.B. Hasselman R. B. HASSELMAN MAR 13, 2007 239/472-9202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #