FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734968

1. Corporation Name

VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.

Country

Principal Place of Bu	SIR
2321 WEST GULF DR	1.
P. O. BOX 694	
CARRECT EL GOOGY	

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

Mailing Address

2321 WEST GULF DR. P. O. BOX 694 SANIBEL FL 33957

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90054 025 ****61.25



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

02/16/1976

59-1659116

4. FEI Number

	25	29		30			1	Trust Fund Contrib	JUUON		Added	to Fees
	9. Name and	Address of Current Registe	red Agent				10.	Name and Addres	ss of New Re	gistered A	gent	
				٤	81	Name		 -				, ,
JAMBECK	NICK			<u> </u>	82	Street Ac	ddress /D	O. Box Number is	Not Acceptab	اما	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	WINKLE WAY			,		Oncel At	duicss (F.	.C. DOX NUMBER IS	not Acceptat	ue)		
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SANIBEL	El 22057			_	_ -						.,,	- <u></u>
SANDEL	FL 33831			٤	34	City				FL	85 Zip	Code
office or re	egistered agent, (of Sections 617.0502 and 617 or both, in the State of Florida	. Such change was au	ithorized b	oy th	named cone corpora	orporation ation's box	pard of directors. I h	ereby accept	urpose of o	tment as re	registered egistered
v	ın ramılar with, a	nd accept the obligations of, S	ection 617,0503, Flon	iua Statuti	es.			* ";	. *	;	:-	
SIGNATURE	Signature typed or prin	nted name of registered agent and title if a	colicable (AIOTE	Danietered A.	nont -	rianatura re-	er nerfw beniup	vinctation		DATE		
12.	Signature, typed or prin	OFFICERS AND DIREC	•	13.	gent :	signature reqt		einstating) ADDITIONS/CHANG	SES TO OFFI		DIRECTO	ORS IN 12
TITLE	PD	ST IOLITO AIRD DIREC	□ DELETE	1,1 TITLE	-			DEL TOTOTOTOTO	223 10 011	OCINO AINI	☐ Change	Addition
NAME	FOX, JEFF			1.2 NAMI							change	radiation
	21 BRUCE LA	ME				ODDESC						
STREET ADDRESS		NAC.				ADDRESS						
CITY-ST-ZIP	AVON CT		☐ DELETE	1.4 CITY-		ZIP					☐ C+==	
TITLE	VPD		T DEFEIF	2.1 TITLE							☐ Change	☐ Addition
NAME	Snyder, roi			2.2 NAME								
STREET ADDRESS	8311 SHELBY			2.3 STRE	EETA	ADDRESS						
CITY-ST-ZIP	LOUISVILLE K	<u>(Y</u>		2. 4 CITY		ZIP						
TITLE	SD		☐ DELETE	3.1 TITLE	Ξ						☐ Change	☐ Addition
NAME	MORTON, BA	LLARD		3.2 NAME	E							
STREET ADDRESS	4502 UPPER	river RD.		3.3 STRE	ET A	NDORESS						
CITY-ST-ZIP	LOUISVILLE K	<u> </u>		3.4. CITY	-ST-	ZIP						
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				6.4 CITY-								
CITY-ST-ZIP	ertify that the info	rmation supplied with this filin	n does not qualify for				2 Section	119 07(3)(i) Elected	a Statuton 16	urther corti	h, that the	nformation
indicated o	on this annual reg	port or supplemental annual re poration or the receiver or trus noted, ar on an attachment with	port is true and accura	ate and th	atn	nv signatu	ure shall h	have the same lega	l effect as if n	nade under	nath that	iam an

Country