


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90002 004 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| <b>DOCUMENT # 734968</b>  |   |  |
| 1. Entity Name<br>VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.                           |   |   |
| Principal Place of Business<br>2321 WEST GULF DR.<br>P. O. BOX 694<br>SANIBEL, FL 33957 |   | Mailing Address<br>P O BOX 100<br>SANIBEL, FL 33957                               |
| 2. Principal Place of Business  | 3. Mailing Address<br><b>P.O. BOX 96A</b> |   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                       |   |
| City & State  | City & State<br><b>SANIBEL, FL.</b>       |   |
| Zip   | Country                                   | Zip Country<br><b>33957 USA</b>   |



07052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1659116 Applied For  
Not Applicable

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

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br>JAMBECK, NICK<br>703 TARPON BAY ROAD<br>STE B<br>SANIBEL, FL 33957 |  | 7. Name and Address of New Registered Agent<br>Name <b>DEBRA CANTY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6062 DINKINS LAKE ROAD</b><br>City <b>SANIBEL</b> FL Zip Code <b>33957</b> |  |
|---|--|---|--|

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 DEBRA CANTY  DATE 6/30/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MEZERA, JAMES<br>15460 SANTA MARIA DR.<br>BROOKFIELD, WI 53005 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SMITH, WILLIAM<br>400 ATLANTIC AVE<br>COHASSET, MA 02025 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JOHNSON, RITA<br>11144 MALAYSIA CIRCLE<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Mezera   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_