


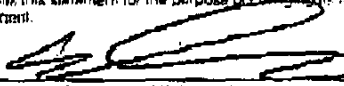
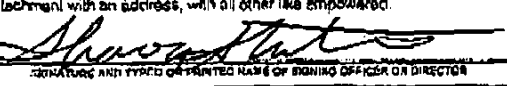
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ISLAND MGMT

FILED  
Apr 27, 2006 8:00 am  
Secretary of State

04-27-2006 90161 040 \*\*\*\*61.25

### 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 734968			
1. Entry Name VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2321 WEST GULF DR. SANIBEL, FL 33957		Mailing Address PO BOX 6017 FORT MYERS BEACH, FL 33932	
2. Principal Place of Business		3. Mailing Address <i>Island Management</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 100</i>	
City & State		City & State <i>Sanibel FL</i>	
Zip		Zip <i>33957</i>	
Country		Country <i>USA</i>	
4. FEI Number 59-1659116		Appraisal Fee None Applicable	
5. Certificate of Status Original <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLETON, CR 100 LOVERS LANE FORT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name: <i>Steven J. Mackey</i> Street Address (P.O. Box Number if Not Applicable): <i>211 Laurel Bay</i> City: <i>Sanibel FL 33957</i>	
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. (Use separate statements for each change.) SIGNATURE: 			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FL.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEZERA, JAMES 15460 SANTA MARIA DR. BROOKFIELD, WI 53005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, WILLIAM BOX 808 NEW CASTLE, NH 03854	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INTAGLIATA, SHAWN 41 CLERMONT LANE LADUE, MO 63124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, MARCELLA 16 PRESCOTT ST NEWTONVILLE, MA 02460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELTON, NANCY 3603 PIROGUE RD LOUISVILLE, KY 40299	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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. If an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 617, Florida Statutes, has changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: <i>2/21/06</i> <i>239725020</i>	

40065185



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1659116

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

7. Name and Address of New Registered Agent  
Name: *Steven J. Mackey*  
Street Address (P.O. Box Number if Not Applicable):  
*211 Laurel Bay*  
City: *Sanibel FL 33957*

Filing Fee is \$81.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEZERA, JAMES 15460 SANTA MARIA DR. BROOKFIELD, WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, WILLIAM BOX 808 NEW CASTLE, NH 03854	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INTAGLIATA, SHAWN 41 CLERMONT LANE LADUE, MO 63124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, MARCELLA 16 PRESCOTT ST NEWTONVILLE, MA 02460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELTON, NANCY 3603 PIROGUE RD LOUISVILLE, KY 40299	<input type="checkbox"/> Delete
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SIGNATURE:  Date: *2/21/06* *239725020*

*Shawn Intagliata*