

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90253 020 \*\*\*\*61.25

**DOCUMENT # 734968**  
 1. Entity Name  
 VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.



40076981



Principal Place of Business  
 2321 WEST GULF DR.  
 SANIBEL, FL 33957

Mailing Address  
 ISLAND MGMT  
 PO BOX 100  
 SANIBEL, FL 33957

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04192007 Chg-NP CR2E037 (12/06)

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  
 MACKESY, STEVEN J  
 711 TARPON BAY RD  
 SANIBEL, FL 33957

7. Name and Address of New Registered Agent  
 Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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	
T MEZERA, JAMES 15460 SANTA MARIA DR. BROOKFIELD, WI 53005	<input checked="" type="checkbox"/> Delete
P SMITH, WILLIAM BOX 808 NEW CASTLE, NH 03854	<input checked="" type="checkbox"/> Delete
VP INTAGLIATA, SHAWN 41 CLERMONT LANE LADUE, MO 63124	<input type="checkbox"/> Delete
S CAMPBELL, MARCELLA 16 PRESCOTT ST NEWTONVILLE, MA 02460	<input type="checkbox"/> Delete
D HAZELTON, NANCY 3603 PIROGUE RD LOUISVILLE, KY 40299	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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; 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 an officer like empowered.

SIGNATURE: Shawn Intagliata Date: 4-19-07 Daytime Phone #: 239-472-5020