2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # 734968 1. Entity Name VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.					04-30-2008 9016:	5 038 ****(51.25
2321 WEST GULF DR. I SANIBEL, FL 33957		Mailing Address ISLAND MGMT PO BOX 100 SANIBEL, FL 33957			60032543 		
Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 C	hg-NP CR2E	E037 (12/06)	
City & State		City & State		4. FEI Number 59-16591	16		oplied For ot Applicable
Zìp	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registere	d Agent	
MACKESY, STEVEN J 711 TARPON UBAY RD SANIBEL, FL 33957			Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)			
·							
			City		F	L Zip Cod	e
the obligati	named entity submits this statement fo ions of registered agent.	r the purpose of changing its i	registered office or re	egistered agent, or both, in	the State of Florida. I s	am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	end title if applicable (NOTE:	0				
•		and the mapping to the first terms of the first ter	: Registered Agent signature	required when reinstating)	DAT	E	
·	Filing Fee is \$61.25 Due by May 1, 2008		paign Financing	_ \$5.00 May Be	Make ch	eck payable to	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable t partment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	eck payable t partment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify on 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 all other like empowered.

ED OR PRING NAME OF SIGNING OFFICER OR DIRECTOR 532475-2050