

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 734968

Entity Name: VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ISLAND MANAGEMENT
711 TARPON BAY RD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1659116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVORE, ROBERT
Address: 2321 WEST GULF DRIVE #1F
City-St-Zip: SANIBEL, FL 33957

Title: VP () Delete
Name: FRAZIER, ARNOLD
Address: 2321 WEST GULF DRIVE 3A
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: WILLIAM, SMITH
Address: 2321 WEST GULF DRIVE 1G
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: DEMBSKI, DALE
Address: 2321 WEST GULF DRIVE 2E
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: ROBERT, LINN
Address: 2321 WEST GULF DRIVE 3D
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DEVORE

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date