

**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