

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 050 \*\*\*\*61.25

**DOCUMENT # 735940**

1. Entity Name  
**THE SEASHELLS OF SANIBEL CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**2840 W GULF DR  
SANIBEL, FL 33957 US**

Mailing Address  
**PO BOX 100  
SANIBEL, FL 33957 US**

**40080276**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1724318**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JOSEPH E ESQ  
14241 METROPOLIS AVE  
SUITE 100  
FT MYERS, FL 33912-0000**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
SD  
MESSINGER, DEBBIE ☐ Delete  
STREET ADDRESS  
2312 CAREY ST  
CITY - ST - ZIP  
LONGMONT, CO 80501

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
TD  
BLESER, DONALD ☐ Delete  
STREET ADDRESS  
6220 CEDAR BLUFF COURT  
CITY - ST - ZIP  
CINCINNATI, OH 45233

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
PD  
DAVENPORT, BRUCE ☐ Delete  
STREET ADDRESS  
168 BLUE POINT AVE  
CITY - ST - ZIP  
BLUE POINT, NY 11715

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
D  
DEINHURST, KURT C ☐ Delete  
STREET ADDRESS  
1804 CRICKET LN  
CITY - ST - ZIP  
EAST LANSING, MI 48823

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
D  
SPEER, BILL ☐ Delete  
STREET ADDRESS  
1800 ATISAL CT  
CITY - ST - ZIP  
HOMESTEAD, FL 89674

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
SD  
NORRIS, PETER ☐ Delete  
STREET ADDRESS  
BRIDLINGTON ST, #20  
CITY - ST - ZIP  
SCARBOROUGH, ONT M1H 2L4,

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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 all other like empowered.

SIGNATURE: **X** *Donato Blesso* **Donato Blesso, Treasurer** 1/23/08 513-441-5618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #