

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90161 029 ****61.25

DOCUMENT # 737116 1. Entity Name SANIBEL SURFSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US			Mailing Address C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1805631	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACKESY, STEVEN J ISLAND MANAGEMENT GROUP PO BOX 100-703 TARPON BAY RD SANIBEL, FL 33957			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWLEY, ROBERT		NAME		
STREET ADDRESS	69 STONEY HILL RD.		STREET ADDRESS		
CITY - ST - ZIP	SWANSEA, MA		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAFAYE, WAYNE		NAME		
STREET ADDRESS	1610 B LAKESIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	CHAMPAIGN, IL 61821		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOESL, PAT		NAME		
STREET ADDRESS	25W270 GUNSON AVE		STREET ADDRESS		
CITY - ST - ZIP	NAPERVILLE, IL 60540		CITY - ST - ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEPACKI, MARILYN		NAME		
STREET ADDRESS	819 BIRDIE VIEW POINT		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUIZE, GARY		NAME		
STREET ADDRESS	610 DONAX 115		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLESH, ALEX		NAME		
STREET ADDRESS	857 BIRDIE VIEW POINT		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		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: <i>Robert H. Hawley</i>			ROBERT H. HAWLEY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-14-06 Daytime Phone # 239 395 1387		