## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#737116** 

FILED Mar 28, 2011 Secretary of State

Entity Name: SANIBEL SURFSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O ISLAND MANAGEMENT GROUP 711 TARPON BAY RD

SANIBEL, FL 33957

**Current Mailing Address:** 

C/O ISLAND MANAGEMENT GROUP P.O. BOX 100

SANIBEL, FL 33957 US

FEI Number: 59-1805631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

P.O. BOX 100 SANIBEL, FL 33957

Certificate of Status Desired ( )

US

Name and Address of Current Registered Agent:

MACKESY, STEVEN J ISLAND MÁNAGEMENT GROUP 711 TARPON BAY RD

SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVEN J C/O ISLAND MANAGEMENT 711 TARPON BAY ROAD SANIBEL, FL 33957 US

**New Principal Place of Business:** 

C/O ISLAND MANAGEMENT

C/O ISLAND MANAGEMENT

711 TARPON BAY ROAD

SANIBEL, FL 33957 New Mailing Address:

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: STEVEN MACKESY

03/28/2011 Date

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

HAWLEY, ROBERT Name: Address: 69 STONEY HILL RD. City-St-Zip: SWANSEA, MA 02777 US

Title: VD

Name: LAFAVE, WAYNE Address: 1610 B LAKESIDE DRIVE City-St-Zip: CHAMPAIGN, IL 61821

Title: TD

SURGENER, THOMAS Name: Address: 610 DONAX STREET #221 City-St-Zip: SANIBEL, FL 33957

Title:

Name: KLEPACKI, MARILYN 610 DONAX STREET #224 Address: City-St-Zip: SANIBEL, FL 33957

Title:

SCHULZE, GARY Name: 1105 MICHLER CREST Address: City-St-Zip: MERRILL, WI 54452

Title:

DECAPUA, DAVID Name: Address: 610 DONAX STREET #133 SANIBEL, FL 33957 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: ROBERT HAWLEY PD 03/28/2011