

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737116

FILED
Mar 27, 2012
Secretary of State

Entity Name: SANIBEL SURFSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O ISLAND MANAGEMENT
P.O. BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1805631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN J
C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
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
Name: HAWLEY, ROBERT
Address: 69 STONEY HILL RD.
City-St-Zip: SWANSEA, MA 02777 US

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

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

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

Title: D
Name: HOESEL, JUNE
Address: 25 W 270 GUNSTON RD
City-St-Zip: NAPERVILLE, IL 60540

Title: D
Name: LAFAVE, WAYNE
Address: 1610B LAKESIDE DR
City-St-Zip: CHAMPAIGN, IL 612821

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

03/27/2012

Electronic Signature of Signing Officer or Director

Date