FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAY -1 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743000** **(2)**

1. Corporation Name
SANIBEL BEACH CLUB II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~11595 KELLY ROAD~~ ~~FT MYERS FL 33908~~	11595 KELLY ROAD FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1978
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1972322 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 205 Periwinkle Way	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sanibel, Florida	28 City & State
24 Zip: 33957 25 Country: Lee	29 Zip 30 Country

9. Name and Address of Current Registered Agent

~~KENNETH T. STRONG~~
11595 KELLY ROAD
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Tonna Kenoyer
82 Street Address (P.O. Box Number is Not Acceptable): 11595 Kelly Road
83
84 City: Ft. Myers **FL** 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Tonna Kenoyer — Tonna Kenoyer — 5/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	BIRK, RONALD	1.2 NAME	
STREET ADDRESS	3909 LITHEA RIDGE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	~~D~~	2.1 TITLE	President ☒ Change ☐ Addition
NAME	~~SANDER, ALLEN J.~~	2.2 NAME	Sander, Allen J.
STREET ADDRESS	~~1615 E CENTRAL RD 214D~~	2.3 STREET ADDRESS	1105 W. Campbell
CITY-ST-ZIP	~~ARLINGTON HGHTS IL~~	2.4 CITY-ST-ZIP	Arlington Heights, IL 60005
TITLE	~~P~~	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	~~URKOVICH, RONALD S.~~	3.2 NAME	Urkovich, Ronald S.
STREET ADDRESS	~~47 S. MILWAUKEE AVE.~~	3.3 STREET ADDRESS	47 S. Milwaukee Ave.
CITY-ST-ZIP	~~WHEELING IL~~	3.4 CITY-ST-ZIP	Wheeling, IL
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PROMINSKI, HENRY J.	4.2 NAME	
STREET ADDRESS	P.O. BOX 540, NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEIRSDALE FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	RON M. FRENCH	5.2 NAME	$76129
STREET ADDRESS	RR #2 BOBCAYGEON	5.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CANADA CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, DAVID C	6.2 NAME	**REMITTED BY MAY 1**
STREET ADDRESS	339 CLOUGH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO IO	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] V.P. Apr. 15/95 968-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ron M. French

0018743