

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **743000** (2)

1. Corporation Name

**SANIBEL BEACH CLUB II ASSOCIATION, INC.**

Principal Place of Business

**206 PERIWINKLE WAY  
SANIBEL FL 33957  
US**

Mailing Address

**12995 CLEVELAND AVE.  
SUITE 164  
FORT MYERS FL 33907-3875  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

3. Date Incorporated or Qualified  
**05/24/1978**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number

**59-1972322**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **XX**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

**KENOYER, TONNA  
11595 KELLY RD  
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

**81** Name **RDI RESORT SERVICES, DONNA SAGE**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**12995 CLEVELAND AVE. STE 164**  
**83** **FT MYERS FL 33907**  
**84** City **FORT MYERS** **FL** **85** Zip Code **33907**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

**4/10/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDER, ALLEN J</b>	
STREET ADDRESS	<b>1105 W CAMPBELL</b>	
CITY-ST-ZIP	<b>VALRICO HEIGHTS IL 60005</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BIRK, ARNOLD F</b>	
STREET ADDRESS	<b>3909 LITHEA RIDGE BLVD.</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>URKOVICH, RONALD S.</b>	
STREET ADDRESS	<b>47 S. MILWAUKEE AVE.</b>	
CITY-ST-ZIP	<b>WHEELING IL 60090</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PROMINSKI, HENRY J.</b>	
STREET ADDRESS	<b>P.O. BOX 540, NA</b>	
CITY-ST-ZIP	<b>WEIRSDALE FL 32195</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>RON M. FRENCH</b>	
STREET ADDRESS	<b>RR #2 BOBCAYGEON</b>	
CITY-ST-ZIP	<b>ONTARIO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, DAVID C</b>	
STREET ADDRESS	<b>339 CLOUGH STREET</b>	
CITY-ST-ZIP	<b>WATERLOO IO 50701</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> <b>XX</b> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>ARLINGTON HEIGHTS IL 60005</b>
2.1 TITLE	<input checked="" type="checkbox"/> <b>XX</b> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BIRK, RONALD F</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 or on an attachment with an address.

SIGNATURE

*[Signature]* **RON M. FRENCH V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Feb 24/97** **(94) 768-2365**

Daytime Phone # **005245**

CP2E037 (9/96)