

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743000** (2)

1. Corporation Name

SANIBEL BEACH CLUB II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
205 PERWINKLE WAY SANIBEL FL 33957 US	12995 CLEVELAND AVE. SUITE 164 FORT MYERS FL 33907 US

3. Date Incorporated or Qualified

05/24/1978

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RED RESORT SERVICES
C/O SAGE, DONNA
12995 CLEVELAND AVE., STE. 164
FT MYERS FL 33907**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	60005	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33594-6401	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5690 PINE TREE DRIVE	
3.3 STREET ADDRESS	SANIBEL FL 33957	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	N/A	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	CANADA KOM 1A0	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	50701	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

Allen J. Sander **ALLEN J. SANDER**

PRESIDENT

(941) 936-5800

4/06/98

CR2E037 (1097)