

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90007 035 *****8.75

03-17-1999 90007 036 *****61.25

DOCUMENT # 743000

1. Corporation Name

SANIBEL BEACH CLUB II ASSOCIATION, INC.

Principal Place of Business

205 PERIWINKLE WAY
SANIBEL FL 33957
US

Mailing Address

12995 CLEVELAND AVE.
SUITE 164
FORT MYERS FL 33907
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ~~XX~~DELETE
NAME SANDER, ALLEN J
STREET ADDRESS 1105 W CAMPBELL
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005

TITLE ST ☐ DELETE
NAME BIRK, RONALD F
STREET ADDRESS 3909 LITHEA RIDGE BLVD.
CITY-ST-ZIP VALRICO FL 33594-6401

TITLE D ☐ DELETE
NAME URKOVICH, RONALD S.
STREET ADDRESS 5690 PINE TREE DR
CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☐ DELETE
NAME PROMINSKI, HENRY J.
STREET ADDRESS P.O. BOX 540, NA
CITY-ST-ZIP WEIRSDALE FL 32195

TITLE VP ☐ DELETE
NAME RON M. FRENCH
STREET ADDRESS RR #2 BOBCAYGEON
CITY-ST-ZIP ONTARIO CA 90114

TITLE D ☐ 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 D ☐ Change ☒ Addition
1.2 NAME Jimmie Brunson
1.3 STREET ADDRESS 1809 SW 91st Street
1.4 CITY-ST-ZIP Gainesville, FL 32607

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ~~XX~~Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)