

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743000**

1. Entity Name

SANIBEL BEACH CLUB II ASSOCIATION, INC.



Principal Place of Business

205 PERIWINKLE WAY  
SANIBEL, FL 33957 US

Mailing Address

205 PERIWINKLE WAY  
SANIBEL, FL 33957 US



02222008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1972322

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KENOYER, TONNA  
2669 W. GULF DRIVE  
SANIBEL, FL 33957

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000876442  
04/11/08-80073-006 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNSON, JIMMIE 1809 S.W. 91 STREET GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIRK, RONALD F 3909 LITHEA RIDGE BLVD. VALRICO, FL 335946401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD URKOVICH, RONALD S 5690 PINE TREE DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONNEAU, ROBERT P 14811 CRYSTAL COVE CT.-#1104 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, EDWARD L 8 GREENWOOD LANE ACTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDER, ALLEN 12853 FARM HILL DRIVE HUNTLEY, IL 60142

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Ronald S. Urkovich

3/24/08

239-472-4526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #