

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748478

FILED
Jan 22, 2009
Secretary of State

Entity Name: DOSINIA OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3339 W. GULF DRIVE
DOSINIA CONDO BOX
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

3339 W. GULF DRIVE
DOSINIA CONDO BOX
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-2367177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, BARTHOLOMEW
1560 MATTHEW DRIVE
SUITE H
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LARSON, CAROL
Address: 6060 RIDGE RD
City-St-Zip: SHOREWOOD, MN 55331 US

Title: PD () Delete
Name: CASSAVELL, BARBARA
Address: 22 SKYTOP MEADOW
City-St-Zip: SKYTOP, PA 18357 US

Title: TD () Delete
Name: PETREE, WILLIAM H JR
Address: 2696 REYNOLDS DR.
City-St-Zip: WINSTON-SALEM, NC 27104 US

Title: D () Delete
Name: BARTHOLOMEW, BRUCE
Address: 3921 W RIVERSIDE DR
City-St-Zip: FT MYERS, FL 33901 US

Title: D () Delete
Name: BRADLEY, MICHAEL
Address: 4202 WOODSTONE WAY
City-St-Zip: LOUISVILLE, KY 40241 US

Title: D () Delete
Name: REILLY, MARY ANN
Address: 173 STONEBRIDGE RD.
City-St-Zip: LILYDALE, MN 55118 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H PETREE JR

TD

01/22/2009

Electronic Signature of Signing Officer or Director

Date