2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# 751872

Entity Name: CONDOMINIUM ASSOCIATIONS OF SANIBEL, INC.

Current Principal Place of Business:

2807 CORTEZ BLVD.
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1041
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-2381698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, SONJA
2807 CORTEZ BLVD.
FORT MYERS, FL 33901 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:	DS	(X) Delete
Name:	HANLON, MADDY	
Address:	1801 OLDE MIDDLE GULF DRIVE, F	
City-St-Zip:	SANIBEL, FL 33957	
Title:	VD	( ) Delete
Name:	REILLY, MARCIA	
Address:	1605 WEST GULF DRIVE #201	
City-St-Zip:	SANIBEL, FL 33957	
Title:	PD	( ) Delete
Name:	NATON, LINDA M	
Address:	3215 WEST GULF DRIVE	
City-St-Zip:	SANIBEL, FL 33957	
Title:	DT	( ) Delete
Name:	BARKER, KAREN	
Address:	1789 LOCUST ROAD	
City-St-Zip:	SEWICKLEY, PA 151438556	
Title:	D	( ) Delete
Name:	MARY, NELSON	
Address:	P.O. BOX 517	
City-St-Zip:	FISH CREEK, WI 54212	
Title:	D	( ) Delete
Name:	WEISS, RICHARD	
Address:	780 SEXTANT DRIVE	
City-St-Zip:	SANIBEL, FL 33957	

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
Name:	
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: LINDA NATON PD 01/31/2008

Electronic Signature of Signing Officer or Director — Date