2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90253 043 ****61.25

DO	CUM	IENT	#7	52471

1. Entity Name
THE VILLAS OF SANIBEL CONDOMINIUM ASSOCIATION, INC.



ISLAND MANAGEMENT P.O		Mailing Address P.O. BOX 100 SANIBEL, FL 3395	7		
Principal Place of Business - No P.O. Box # 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number Applied For 59-2213035 Not Applicat	_
Zip	Zip Country		Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Register		t Registered Agent		7. Name and Address of New Registered Agent	
MACKES	V STEVEN I		Nam		
MACKESY, STEVEN J 711 TARPON BAY RD. SANIBEL, FL 33957			Stree	Address (P.O. Box Number is Not Acceptable)	
·					
			City	FL Zip Code	
8. The above the obligation	e named entity submits this statement f tions of registered agent.	or the purpose of changing	its registered offic	or registered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (I	NOTE: Registered Agent a	nature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007					_
	Filing Fee is \$61.25 Due by May 1, 2007		Campaign Financir Id Contribution.	\$5.00 May Be Make check payable to Florida Department of State	
10.		Trust Fur		_ _ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
10.	Due by May 1, 2007	Trust Fur	nd Contribution.	Added to Fees Florida Department of State	ion
TITLE NAME	OFFICERS AND D SD MCCOY, JIM	Trust Fur	11. TITLE NAME	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Additional Additional Change Additional Change Additional Change Chan	ion
TITLE NAME STREET ADDRESS	OFFICERS AND D SD MCCOY, JIM 2915 W GULF DR, #B102	Trust Fur	11. TITLE NAME STREET ADORE	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Additional Additional Change Additional Change Additional Change Chan	ion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND D SD MCCOY, JIM 2915 W GULF DR, #B102 SANIBEL, FL 33957 D BURDEN, JOHN 2915 W GULF DR, #A301 SANIBEL, FL 33957 PD	Trust Fur	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADORE CITY-ST-ZIP TITLE TITLE TITLE	Added to Fees Fiorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Additional Change A	tion
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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 drustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR proscenti

Daytime Phone # 2394725020