

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752471

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

ISLAND MANAGEMENT
P.O. BOX 100
SANIBEL, FL 33957

New Principal Place of Business:

ISLAND MANAGEMENT
711 TARPON BAY RD
SANIBEL, FL 33957

Current Mailing Address:

P.O. BOX 100
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-2213035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN J
711 TARPON BAY RD.
SANIBEL, FL 33957 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: MCCOY, JIM
Address: 2915 W GULF DR, #B102
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: BURDEN, JOHN
Address: 2915 W GULF DR, #A301
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: CONOSCENTI, VINCE
Address: 582 LEE ST
City-St-Zip: GLEN ELLYN, IL 60137

Title: VD () Delete
Name: LIVAS, FRANK
Address: 2915 W GULF DR, #B302
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: GRZYMOLA, BOB
Address: 2915 WEST GULF A302
City-St-Zip: SANIBEL, FL 33957

Title: TD (X) Delete
Name: COX, PAUL
Address: 2915 WEST GULF OR 0201
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: PD (X) Change () Addition
Name: CONOSCENTI, VINCE
Address: 582 LEE ST
City-St-Zip: GLEN ELLYN, IL 60137

Title: TD (X) Change () Addition
Name: BARRY, DEAN
Address: 2915 W GULF DR, #B202
City-St-Zip: SANIBEL, FL 33957

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: VINCE CONOSCENTI

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date