


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90282 018 \*\*\*\*61.25

**DOCUMENT # 761281**  
 1. Entity Name  
**SANIBEL SHORES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
~~PO BOX 190~~ 1633B PO BOX 190  
 SANIBEL, FL 33957 US PERIWINKLE SANIBEL, FL 33957 US  
 SANIBEL WAY  
 FL 33957

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2208316** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

OWENS, DAVID A.  
 695 TARPON BAY RD #5  
 SANIBEL, FL 33957

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 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: VASANTA SEVERAT DATE: 7/25/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$81.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDMONSTON, JACK 9 STONEFIELD DRIVE EAST SANDWICH, MA 02537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP HIGHSMITH, WENDY 1161 EAST 900 SOUTH SALT LAKE CITY, UT 84105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT OWENS, DAVID P.O. BOX 190 N/A SANIBEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURNOLES, GAIL 119 MACARTHUR AVENUE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SEVERAT, VASANTA 1633B PERIWINKLE Way Sanibel FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employed.

SIGNATURE: [Signature] DATE: 7/25/05 TELEPHONE: 239-418-0008  
Signature and typed or printed name of signing officer or director