


**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 PO BOX 190 SANIBEL, FL 33957 US	Mailing Address 1633B PERIWINKLE WAY SANIBEL, FL 33957 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2208316	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OWENS, DAVID A. 695 TARPON BAY RD #5 SANIBEL, FL 33957
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**DO NOT WRITE
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 SENERAT* 7/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
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 SENERAT, VASANTA 1633B PERIWINKLE Way Sanibel FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *VASANTA SENERAT* 7/25/05 239-418-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #