


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90004 031 \*\*\*\*61.25

**DOCUMENT # 761281**

1. Entity Name  
**SANIBEL SHORES CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business  
**1633 B PERIWINKLE WAY  
 SANIBEL, FL 33957 US**

Mailing Address  
**1633 B PERIWINKLE WAY  
 SANIBEL, FL 33957 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**60011194**



01312006 Chg-NP CR2E037 (11/05)

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **VASANTA SENERAT**

Street Address (P.O. Box Number is Not Acceptable)  
**1633 B PERIWINKLE WAY**

City **SANIBEL** FL Zip Code **33957**

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* DATE **1/31/06**

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, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 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 empowered.

SIGNATURE: *Vasanta Senerat* DATE **1/31/06** DAYTIME PHONE # **239-418-0008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #