

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90090 001 ****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**

DO NOT WRITE IN THIS SPACE



04162007 No Chg-NP CR2E037 (4/06)

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

**SENERAT, VASANTA
1633 B PERIWINKLE WAY
SANIBEL, FL 33957**

**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

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, 2007**

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
1633 B 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07
Date

239-418-0008
Daytime Phone #