


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90041 023 ****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 PERIWINKLE WAY SANIBEL, FL 33957 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1633 PERIWINKLE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE G	
City & State		City & State SANIBEL	
Zip	Country	Zip	Country
		FL	33957
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SENERAT, VASANTA 1633 B PERIWINKLE WAY SANIBEL, FL 33957		Name BRENDA ROGUSKA	
		Street Address (P.O. Box Number is Not Acceptable) 1633 PERIWINKLE WAY #G	
		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 <i>Brenda R. Roguska</i>		DATE 4/7/2008	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONSTON, JACK	NAME	
STREET ADDRESS	9 STONEFIELD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	EAST SANDWICH, MA 02537	CITY-ST-ZIP	
TITLE	VDP <input checked="" type="checkbox"/> Delete	TITLE	VDP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGHSMITH, WENDY	NAME	MCKINLEY, SARA
STREET ADDRESS	1161 EAST 900 SOUTH	STREET ADDRESS	4631 NW 100TH WAY
CITY-ST-ZIP	SALT LAKE CITY, UT 84105	CITY-ST-ZIP	CORAL SPRINGS FL 33076-2493
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWENS, DAVID	NAME	BRENDA ROGUSKA
STREET ADDRESS	P.O. BOX 190 N/A	STREET ADDRESS	1633 PERIWINKLE WAY, SUITE G
CITY-ST-ZIP	SANIBEL, FL	CITY-ST-ZIP	SANIBEL FL 33957
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURNOLES, GAIL	NAME	
STREET ADDRESS	119 MACARTHUR AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENERAT, VASANTA	NAME	
STREET ADDRESS	1633 B PERIWINKLE WAY	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 information.			
SIGNATURE: <i>Brenda R. Roguska</i>		DATE 4/7/2008 Daytime Phone # 239 395-2610	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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4. FEI Number 59-2208316 Applied For Not Applicable

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