

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**  
 02-16-2001 90030 032 \*\*\*\*61.25

007083

**DOCUMENT # 762823**  
 1. Entity Name  
**THE SHOREWOOD OF SANIBEL CONDOMINIUM ASSOCIATION**

Principal Place of Business <b>1191 MIDDLE GULF DRIVE SANIBEL FL 33957</b>	Mailing Address <b>1191 MIDDLE GULF DRIVE SANIBEL FL 33957</b>
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**624419**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2225053</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

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

**DERLETH, HARLEY**  
**1191 MIDDLE GULF DR 3A**  
**SANIBEL FL 33957**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE: *Harley R. Derleth* 2/16/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PTM	<input type="checkbox"/> Delete
NAME	DERLETH, HARLEY	
STREET ADDRESS	1191 MIDDLE GULF DRIVE	
CITY-ST-ZIP	SANIBEL, FL 00000	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HOFFMAN, LINDA	
STREET ADDRESS	1434 RIDGEWOOD AVE. S.E.	
CITY-ST-ZIP	E. GRAND RAPIDS MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERLETH, HARLEY	
STREET ADDRESS	1191 MIDDLE GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTHERWAY, NICHOLAS	
STREET ADDRESS	658 COURTLAND CIRCLE	
CITY-ST-ZIP	WESTERN SPRINGS IL 60558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1262 MANITOU LANE	
CITY-ST-ZIP	MIDDLEVILLE, ME 49333	
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 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 empowered.

SIGNATURE: *Harley R. Derleth* **HARLEY R. DERLETH** 2/15/01 991.972.4961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)