


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90004 035 ****61.25

DOCUMENT # 762823					
1. Entity Name THE SHOREWOOD OF SANIBEL CONDOMINIUM ASSOCIATIONINC.					
Principal Place of Business 1191 MIDDLE GULF DRIVE SANIBEL FL 33957		Mailing Address 1191 MIDDLE GULF DRIVE SANIBEL FL 33957			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2225053	
Zip		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DERLETH, HARLEY 1191 MIDDLE GULF DR 3A SANIBEL FL 33957			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Harley R. Derleth</i>		DATE <i>27 JANUARY 2004</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PTM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERLETH, HARLEY		NAME		
STREET ADDRESS	1191 MIDDLE GULF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, LINDA		NAME	HART, CHARLES	
STREET ADDRESS	1262 MANITON LANE		STREET ADDRESS	227 TRIAXION LANE	
CITY-ST-ZIP	MIDDLEVILLE MI 49333		CITY-ST-ZIP	VILLANOVA, PA 19805	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERLETH, HARLEY		NAME		
STREET ADDRESS	1191 MIDDLE GULF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTHERWAY, NICHOLAS		NAME		
STREET ADDRESS	658 COURTLAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WESTERN SPRINGS IL 60558		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		
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 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: <i>Harley R. Derleth</i>		DATE: <i>27 JAN. 04</i>		Daytime Phone #: <i>239.473.9961</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	