

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

04-21-2005 90241 044 ****61.25

DOCUMENT # 763749

1. Entity Name
**TANLEWOOD CONDOMINIUM ASSOCIATION OF
SANIBEL, INC**



Principal Place of Business
**1104 SEAGRAPE LANE
SANIBEL, FL 33957**

Mailing Address
**POST OFFICE BOX 100
SANIBEL, FL 33957**

66023924



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2378224

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMBECK, NICK
703-B TARPON BAY ROAD
SANIBEL, FL 33957**

Name **Steven Mackey**

Street Address (P.O. Box Number is Not Acceptable)
711 Tarpon Bay Rd

City **Sanibel** FL Zip **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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when restate(s))

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **ROCKWOOD, CLYDE**
STREET ADDRESS **4361 WOODHALL ROAD**
CITY-STATE-ZIP **COLUMBUS, OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD** ☐ Delete
NAME **KOCH, BONNIE**
STREET ADDRESS **1104 SEAGRAPE LANE, 4-B**
CITY-STATE-ZIP **SANIBEL, FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Koch, Ann A**
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VD** ☐ Delete
NAME **WOOD, JOAN**
STREET ADDRESS **428 N. GREEN ST.**
CITY-STATE-ZIP **GEORGETOWN, OH**

TITLE **PD PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Jean Kramer**
STREET ADDRESS **1104 Seagrape Ln 5-A**
CITY-STATE-ZIP **Sanibel FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-05 239-472-5020

5-15-05 239-472-5020