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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State
03-06-2008 90052 005 ****61.25

DOCUMENT # 769963

1. Entity Name
POINTE SANTO DE SANIBEL CONDOMINIUM ASSOCIATION, INC.

66016468

09042008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
2445 WEST GULF DRIVE 2445 WEST GULF DRIVE SANIBEL, FL 33957	POST OFFICE BOX 190 SANIBEL, FL 33957 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8961 Conference Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2
City & State	City & State FORT MYERS FL
Zip / Country	Zip 33919 / Country Lee

4. FEI Number: 59-1917397 ☐ Applied For ☐ Not Applicable

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
MILLER, MICHAEL 8916 CONFERENCE DR SUITE 2 FORT MYERS, FL 33919	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 _____ DATE
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 September 12, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZACCAGNINI, BRUCE 19427 BUCKINGHAM SHIRE DR NORTH ROYALTON, OH 44133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, SANDY E19 MINARCA DES PERES, MO 63131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAND, NANCY STAR ROUTE 1 BRISTON, NH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLSEN, LEE 2195 FERRIS LANE ROSEDALE, MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MILLER, MICHAEL 8916 CONFERENCE DR, # 2 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S O'DONNELL, KEVIN 1870 DIXIE BEACH ROAD SANIBEL, FL 33957	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Jack McDonald 5337 Julmar Drive Cincinnati OH 45233	☐ Change ☑ Addition

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: Michael Miller 9/9/2008 239-433-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #