

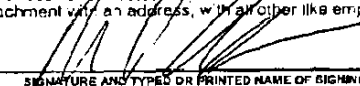
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Pointe Santo

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.			
Principal Place of Business 2445 WEST GULF DRIVE 2445 WEST GULF DRIVE SANIBEL, FL 33957		Mailing Address 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.	
City & State		City & State FORT MYERS FL	
Zip	Country	Zip	Country
		33919	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 MILLER, MICHAEL 8916 CONFERENCE DR SUITE 2 FORT MYERS, FL 33919		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (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-STATE-ZIP	T ZACCAGNINI, BRUCE 19427 BUCKINGHAM SHIRE DR NORTH ROYALTON, OH 44133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVIS, SANDY E19 MINARCA DES PERES, MO 63131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HAND, NANCY STAR ROUTE 1 BRISTON, NH ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P OLSEN, LEE 2195 FERRIS LANE ROSEDALE, MN ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AT MILLER, MICHAEL 8918 CONFERENCE DR, # 2 FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S O'DONNELL, KEVIN 1870 DIXIE BEACH ROAD SANIBEL, FL 33957 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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 another 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 #	