2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769963

FILED Apr 14, 2009 Secretary of State

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

Current P	rincipal Place	of Business:	New Principal Place of Business:
	ST GULF DRIVE ST GULF DRIVE FL 33957		
Current M	lailing Addres	s:	New Mailing Address:
8961 CON	FERENCE DR		14030 METROPOLIS AVE
Z Fort Mye	ERS, FL 33919	US	200 FORT MYERS, FL 33912 US
FEI Number:	: 59-1917397	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:
	IICHAEL FERENCE DR		MILLER, MICHAEL 14030 METROPOLIS AVE
SUITE 2 FORT MYE	ERS, FL 33919	US	200 FORT MYERS, FL 33912 US
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registered office or registered agent, or both
SIGNATUF	RE:		04/14/2009
	Electroni	c Signature of Registered Age	ent Date
OFFICERS	S AND DIRECT	rors:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	T () ZACCAGNINI, B 19427 BUCKING NORTH ROYALT	SHAM SHIRE DR	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () DAVIS, SANDY E19 MINARCA DES PERES, MO	Delete O 63131	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () HAND, NANCY STAR ROUTE 1 BRISTON, NH	Delete	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	OLSEN, LEE 2195 FERRIS L		Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	AT () MILLER, MICHA 8916 CONFERE FORT MYERS, F	NCE DR, # 2	Title: AT (X) Change () Addition Name: MILLER, MICHAEL Address: 14030 METROPOLIS AVE, STE 200 City-St-Zip: FORT MYERS, FL 33912
Title:	D () MCDONALD, JA	Delete CK	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MILLER AT 04/14/2009