

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90127 022 \*\*\*150.00

DOCUMENT # F99230

1. Corporation Name

SANIBEL & CAPTIVA ISLANDS MULTIPLE LISTING SERVI  
CE, INC.

Principal Place of Business

695 TARPON BAY RD 10  
SANIBEL FL 33957

Mailing Address

695 TARPON BAY RD 10  
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1982

4. FEI Number

59-2301841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

WINER, STEVEN I.  
ONE UNIVERSITY PARK #600  
12800 UNIVERSITY DRIVE  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE M ☒ DELETE  
NAME FULCHER, LINDA  
STREET ADDRESS 695 TARPON BAY RD. #10  
CITY-ST-ZIP SANIBEL FL 33957

TITLE P ☐ DELETE  
NAME CHAPIN, BARBARA  
STREET ADDRESS 695 TARPON BAY ROAD #10  
CITY-ST-ZIP SANIBEL FL 33957

TITLE VPD ☐ DELETE  
NAME HALL, JIM  
STREET ADDRESS 695 TARPON BAY ROAD #10  
CITY-ST-ZIP SANIBEL FL 33957

TITLE T ☐ DELETE  
NAME ONDARCHO, ROSANNE  
STREET ADDRESS 695 TARPON BAY ROAD #10  
CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☐ DELETE  
NAME BELL, KAREN  
STREET ADDRESS 695 TARPON BAY RD #10  
CITY-ST-ZIP SANIBEL FL 33957

TITLE S ☐ DELETE  
NAME DAVISON, MARGIE  
STREET ADDRESS 695 TARPON BAY ROAD #10  
CITY-ST-ZIP SANIBEL FL 33957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE P/D ☒ Change ☐ Addition  
2.2 NAME Andrews, Susan  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE T/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE S/D ☒ Change ☐ Addition  
5.2 NAME Reid, Becky  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE V/D ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Andrews  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 941-472-9353

Date

Daytime Phone #

CR2E034 (1/1/98)