


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90011 041 ****61.25

DOCUMENT # N01000005641	
1. Entity Name SANIBEL VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 140 ESTERO BLVD FORT MYERS BEACH, FL 33931	Mailing Address 275 ESTERO BLVD. FORT MYERS BEACH, FL 33931
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

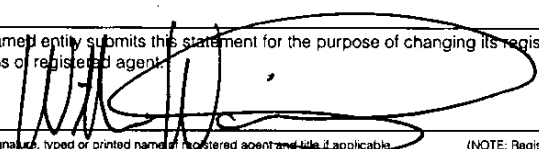
40114011



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number 34-1964791		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MISRA, BRIJ M 275 ESTERO BLVD FORT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name Bill Waicholis Street Address (P.O. Box Number is Not Acceptable) 275 Estero Blvd City Fort Myers Beach FL Zip Code 33931

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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	P URKOVICH, RONALD 399 LAKE MUREX BLVD SANIBEL ISLAND, FL 33957 <input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	V SCHMIDT, EDWIN H 15028 WILLISTON LN MINNETONKA, MN 55345 <input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	S/T OWENS, DAVE K 3232 MCGREGOR BLVD FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP	Secretary / Treasurer Mark Vignau 5994 N. Pike Lake Rd Duluth MN 55811 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	AS PEGGY, SCARPATI 275 ESTERO BLVD. FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **5/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #