

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N01499

1. Entity Name
THE SANIBEL PLACE ASSOCIATION, INC.



Principal Place of Business
**748 MARTHAS LANE
SANIBEL, FL 33957 US**

Mailing Address
**PO BOX 822
SANIBEL, FL 33957 US**

DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
33-8303126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BADENOCH, MIKE
748 MARTHAS LANE
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BADENOCH, MIKE
STREET ADDRESS	748 MARTHAS LANE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VSD
NAME	ANDREWS, PAUL
STREET ADDRESS	743 MARTHAS LANE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	SD
NAME	SCRAPER, STEVE
STREET ADDRESS	401 SW 4TH AVE #505
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	T
NAME	SLANE, FRANCES
STREET ADDRESS	748 MARTHAS LANE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80025-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Frances J. Slane **FRANCES SLANE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

(239) 472-0992

Daytime Phone #