

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N01499

Entity Name: THE SANIBEL PLACE ASSOCIATION, INC.

Current Principal Place of Business:

748 MARTHAS LANE
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 822
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 33-8303126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADENOCH, MIKE
748 MARTHAS LANE
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BADENOCH, MIKE
Address: 748 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

Title: VSD () Delete
Name: ANDREWS, PAUL
Address: 743 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: SCRAPER, STEVE
Address: 401 SW 4TH AVE #505
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: T () Delete
Name: SLANE, FRANCES
Address: 748 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DAWSON, ANNABEL
Address: 750 MARTHAS LANE
City-St-Zip: SANIBEL, FL 33957

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: MIKE BADENOCH

PD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date