

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03248	
1. Entity Name SANIBEL ARMS WEST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 827 EAST GULF DRIVE SANIBEL ISLAND, FL 33957	Mailing Address 827 EAST GULF DRIVE SANIBEL ISLAND, FL 33957
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1438950	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SNYDER, STEVEN J GM
827 EAST GULF DRIVE
SANIBEL ISLAND, FL 33957**

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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 _____

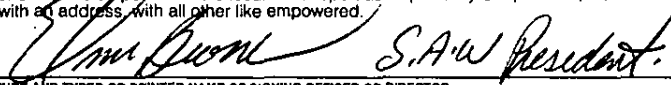
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROWN, ELMER 827 EAST GULF DRIVE, A3 SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BRUNNER, PAT 827 EAST GULF DRIVE, E8 SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LA CAVA, DAN 827 EAST GULF DRIVE, K4 SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIETTE, ROLAND 827 EAST GULF DRIVE, E1 SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILL, JUNE 827 EAST GULF DRIVE, H5 SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **S.A.W. President.** **1/17/08** **239-472-1138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #