

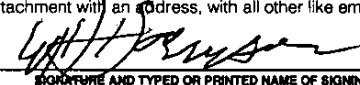


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90176 025 ****61.25

DOCUMENT # N03899 1. Entity Name WEST SHORE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3001 WEST GULF DR SANIBEL, FL 33957 US			Mailing Address P O BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 0112007 Chg-NP CR2E037 (12/08)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2678427					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MACKESY, STEVE 711 TARPON BAY RD SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, JOHN 3001 W GULF DR UNIT 105 SANIBEL, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA William Harrison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 West Gulf Drive #2 Sanibel, FL 33957		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAEMPFFER, CHARLES 33 FOX HEDGE RD COLT'S NECK, NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vpd James Stewart <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3001 West Gulf Dr #6 Sanibel FL 33957		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETCHUM, RALPH 3725 GREENWOOD RD PEPPER PIKE, OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Von Rohr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition # 37 Fox Meadows St. Louis, MO 63127		
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		
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: 		William Harrison		2/12/07 239-472-8638	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	