

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03899

FILED
Apr 06, 2009
Secretary of State

Entity Name: WEST SHORE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3001 WEST GULF DR
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-2678427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVE
711 TARPON BAY RD
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: D () Delete
Name: ZIMMERMAN, JOHN
Address: 3001 WEST GULF DRIVE #2
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: STEWART, JAMES
Address: 3001 WEST GULF DRIVE #6
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: BYRON, FRANK
Address: 3001 W GULF DR 1
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: HARRISON, WILLIAM
Address: 3001 W GULF DR 2
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: HAEMPFFER, CHARLES
Address: 3001 W GULF DR 4
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: KETCHUM, RALPH
Address: 3001 W GULF DR 3
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZIMMERMAN, JOHN
Address: 3001 WEST GULF DRIVE #2
City-St-Zip: SANIBEL, FL 33957

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

Title: PD (X) Change () Addition
Name: BYRON, FRANK
Address: 3001 W GULF DR 1
City-St-Zip: SANIBEL, FL 33957

Title: D (X) Change () Addition
Name: HARRISON, WILLIAM
Address: 3001 W GULF DR 2
City-St-Zip: SANIBEL, FL 33957

Title: D (X) Change () Addition
Name: KAEMPFFER, CHARLES
Address: 3001 W GULF DR 4
City-St-Zip: SANIBEL, FL 33957

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

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: BYRON FRANK

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date