

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009796

FILED
Apr 28, 2006
Secretary of State

Entity Name: SANIBEL BEACH PLACE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONROY, J THOMAS III
2640 GOLDEN GATE PKWY STE 115
NAPLES, FL 34105 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: LAUER, RICHARD A
Address: 26811 S BAY DR STE 350
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: NASHMAN, JAMES A
Address: 26811 S BAY DR STE 350
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Delete
Name: LOIACANO, MATT
Address: 26811 S BAY DR STE 350
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAUER, FREIDA
Address: 26381 S. TAMIAMI TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Change () Addition
Name: NASHMAN, JAMES A
Address: 26381 S. TAMIAMI TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A NASHMAN

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date