

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90207 018 ****61.25

DOCUMENT # N05000001903

1. Entity Name
SANIBEL CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**3280 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 32118**

Mailing Address
**3280 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 32118**

2. Principal Place of Business - No P.O. Box #
3199 S. Atlantic Ave

3. Mailing Address
3511 S. Peninsula Dr

Suite, Apt. #, etc.

City & State
Daytona Beach Shores

City & State
PORT ORANGE

Zip
FL 32127

Zip
FL 32127

04222008 Chg-NP CR2E037 (12/06)

4. FEI Number
56-2502334

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOCH, ALLAN J
1719 NW 92 WAY
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name
JAMES HUNT

Street Address (P.O. Box Number is Not Acceptable)
3511 S. Peninsula Dr

City
PORT ORANGE

Zip Code
FL 32127

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 **4-22-08**

(NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 MACK, JAMES R 781 CRICKLEWOOD TER HEATHRO, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED NUNGESSER 3199 S. Atlantic Ave. #301 Daytona Beach Shores, FL 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, ALLAN J 1719 NW 92 WAY CORAL SPRINGS, FL 33071 <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	D HERRING, GLEN 424 FOX RUN DEBARY, FL 32071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **4-22-08 (386)766-5733 x29**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #