## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011279

FILED Apr 08, 2009 Secretary of State

Entity Name: DUGGERS TROPICAL COTTAGES CONDOMINIUM INC

Current Principal Place of Business: New Principal Place of Business:

% ISLAND MANAGEMENT 711 TARPON BAY RD. SANIBEL, FL 33957

Current Mailing Address: New Mailing Address:

P.O. BOX 100 SANIBEL, FL 33957

FEI Number: 59-2213647 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACKESY, STEVEN 711 TARPON BAY RD SANIBEL, FL 33957 US

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:

Name:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition STAPLES, BETH Name: CONKLING, NANCY

 Address:
 2902 W GULF DR #5
 Address:
 PO BOX 489

 City-St-Zip:
 SANIBEL, FL 33957
 City-St-Zip:
 NEW HAMPTON, NH 03256

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 ALBRECHT, KEN
 Name:
 SAUNDERS, CAROL

 Address:
 100 CRAWFORD RD
 Address:
 95605 BURNT HILL DR

 City-St-Zip:
 MIDDLETOWN, NJ 07748
 City-St-Zip:
 BROOKINGS, OR 97415

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 CONKLING, NANCY
 Name:
 DININNY, ROBERT

 Address:
 2902 W GULF DR
 Address:
 412 EAST ERIE ST

 City-St-Zip:
 SANIBEL, FL 33957
 City-St-Zip:
 ALBIEN, MI 49224

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: NANCY CONKLING PD 04/08/2009