# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# N07146

**Entity Name:** SANIBEL HARBOUR TOWER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17080 HARBOUR POINTE DR
FT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

17080 HARBOUR POINTE DR
#100
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number: 59-2646472** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

BECKER, POLIAKOFF & STREITFELD, PA
14241 METROPOLIS AVE.
SUITE 100
FT MYERS, FL 339120000 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: STD ( ) Delete
Name: FLOWERS, ROGER
Address: 25823 IRIS COURT
City-St-Zip: WESTLAKE, OH 44145 US

Title: VD ( ) Delete
Name: PLAZZA, MIKE
Address: 17080 HARBOOUR PR DR #100
City-St-Zip: FT MYERS, FL 33908 US

Title: D ( ) Delete
Name: DARONCO, PAUL
Address: 66 CLIFFORD WAY
City-St-Zip: PELHAM, NY 10710 US

Title: PD ( ) Delete
Name: CORP, ROBERT P
Address: 2962 NUHA ST
City-St-Zip: BALDWINVILLE, NY 13027 US

Title: D ( ) Delete
Name: MENFI, JOSEPH
Address: 1 AIRPORT ROAD
City-St-Zip: HOPEDALE, MA 01747 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ROBERT P CORP PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date