

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007482

FILED
Apr 29, 2009
Secretary of State

Entity Name: SANIBEL DOG PARK FOUNDATION, INC.

Current Principal Place of Business:

290 SOUTHWINDS DR.
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

290 SOUTHWINDS DR.
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 80-0234671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUGERMAN, HARVEY J
290 SOUTHWINDS DR.
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

SUGERMAN, HARVEY J M.D.
290 SOUTHWINDS DR.
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: HARVEY J. SUGERMAN, M.D.

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: SUGERMAN, HARVEY J M.D.
Address: 290 SOUTHWINDS DR
City-St-Zip: SANIBEL, FL 33957

Title: T () Change (X) Addition
Name: LAMANNA, JASON P
Address: 1241 FERRY RD
City-St-Zip: SANIBEL, FL 33957

Title: S () Change (X) Addition
Name: LAMANNA, LAURIE A
Address: 1241 FERRY RD
City-St-Zip: SANIBEL, FL 33957

Title: D () Change (X) Addition
Name: FLEMING, VIRGINIA
Address: 1036 WHISPERWOOD WAY
City-St-Zip: SANIBEL, FL 33957

Title: D () Change (X) Addition
Name: CRAMER, ADELE
Address: 1425 SANDPIPER CIRCLE
City-St-Zip: SANIBEL, FL 33957

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: JASON P. LAMANNA

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date