

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90161 041 ****61.25

DOCUMENT # N14210 1. Entity Name THE VILLAGE OF SANIBEL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.																																																																																																					
Principal Place of Business 2340 PERIWINKLE WAY SANIBEL, FL 33957 US			Mailing Address P O BOX 100 SANIBEL, FL 33957 US																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40063103 																																																																																																	
City & State		City & State		01052006 Chg-NP CR2E037 (11/05)																																																																																																	
Zip		Country		4. FEI Number 65-0005144																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																			
6. Name and Address of Current Registered Agent MACKESY, STEVEN 711 TARPON BAY RD SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																	
Make check payable to Florida Department of State																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1486 SANDCASTLE ROAD</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">695 Tarpon Bay Rd.</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">SANIBEL, FL 33957</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Sanibel, FL 33957</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">SD</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">SD</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">DEYNZER, BEVERLY</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Lus Warner</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1614 PERIWINKLE WAY</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">695 Tarpon Bay Rd.</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">SANIBEL, FL 33957</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Sanibel, FL 33957</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">TD</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">PD</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">RIZZO, TOM</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Don Deluca</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2340 PERIWINKLE WAY # 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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Don Deluca				Date: 2/19/06 Daytime Phone #: 239 472-5020																																																																																																	