

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14210

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** THE VILLAGE OF SANIBEL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2340 PERIWINKLE WAY  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 100  
SANIBEL, FL 33957 US

**New Mailing Address:**

**FEI Number:** 65-0005144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKESY, STEVEN  
711 TARPON BAY RD  
SANIBEL, FL 33957 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: PD ( ) Delete  
Name: DELUCE, DON  
Address: 695 TARPON RD. STE 14  
City-St-Zip: SANIBEL, FL 33957

Title: SD ( ) Delete  
Name: MACKESY, STEVEN  
Address: 711 TARPON BAY RD  
City-St-Zip: SANIBEL, FL 33957

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

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

Title: PD (X) Change ( ) Addition  
Name: DELUCA, DON  
Address: 695 TARPON RD. STE 14  
City-St-Zip: SANIBEL, FL 33957

Title: STD (X) Change ( ) Addition  
Name: ROBERTS, ROBBY JR.  
Address: 2340 PERIWINKLE WAY  
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Change (X) Addition  
Name: ROBERTS, ROBBY SR  
Address: 2340 PERIWINKLE WAY  
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: DON DELUCA

PD

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date