2003 NOT-FOR-PROFIT CORPORATION - UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2003 8:00 am Secretary of State 04-17-2003 90216 007 ****61.25

1. Entity Nar	ER WEST OF SANIBEL CONDO			,					
Principal Place of Business ISLAND MANAGEMENT 2835 W GULF DR SANIBEL FL 33957		Mailing Address ? ISLAND MANAGEMENT P.O. BOX 100 SANIBEL FL 33957			55038853				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF M	AKING CHANGES		_
City & State		City & State]	 			ot Applicable	<u>-</u>
Zip	Country	Zip	Country	=	_5. Certificate of S		\$8.75 Ad		<u> </u>
	6. Name and Address of Current Re	gistered Agent	Name		7. Name and Add	ress of New Regist	tered Agent		١
JANBECK, NICHOLAS 703-B TARPON BAY RD			Street Ad	dress (P	O. Box Number is I	Not Acceptable)			1
SANIBEL.	FL 33957		City	 -			FL Zip Coo	ie	$\left\{ \right.$
	named entity submits this statement for thins of registered agent.	ne purpose of changing its re	egistered office or r	egistere	d agent, or both, in	the State of Fiorida.	I am familiar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent and	litle if applicable. (NOTE:	Registered Agent signature	required w	when reinstating)		DATE	 .	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		ם ל	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			1
10.	OFFICERS AND DIREC	CTORS	11	A	DDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISH, WILLIAM A. 23 MOCKINGBIRD HACKETTSTOWN NJ	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sp.	er MAN o Ashla	rogene	□ Change - Co 3 o 2	Addition	CR2E037 (10/02)
TITLE :	VD SMITH, BOB	☐ Delete	TITLE				☐ Change	Addition	CH2
STREET ADDRESS CITY-ST-ZIP	1284 CLUBVIEW S COLUMBUS OH	4	STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	STD KOSUP, GIL 8 WOOD ACRE RD	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOUIS MO	□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>_</u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
or the cor	certify that the information supplied with this on this report or supplemental report is trupporation or the receiver or trustee empower or on an attachment with an address with	red to execute this report as	ne exemption stated signature shall hav required by Chapt	in Sect e the sa er 617, f	tion 119.07(3)(i), Flo ime legal effect as if Florida Statutes; and	rida Statutes. I furth made under oath; t t that my name appe	er certify that the in hat I am an officer ears in Block 10 or	nformation or director Block 11 if	