


FILED
Jun 14, 2006 8:00 am
Secretary of State

400000.

DOCUMENT # N22388			
1. Entity Name PLANTATION VILLAGE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O PROPERTY KEEPERS P.O. BOX 964 SANIBEL, FL 33957 US		Mailing Address C/O PROPERTY KEEPERS P.O. BOX 964 SANIBEL, FL 33957 US	
2. Principal Place of Business c/o Island Management Suite, Apt. #, etc. PO Box 100 City & State Sanibel FL Zip 33957 Country USA		3. Mailing Address c/o Island Management Suite, Apt. #, etc. PO Box 100 City & State Sanibel FL Zip 33957 Country USA	
6. Name and Address of Current Registered Agent CANTY, DEBRA PROPERTY KEEPER 6062 DINKINS LAKE ROAD SANIBEL, FL 33957		7. Name and Address of New Registered Agent Name Steven J. Mackesy Street Address (P.O. Box Number is Not Acceptable) 711 Tarpon Bay Road City Sanibel FL Zip Code 33957	
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 5-12-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
STD MANGIERI, LOUISE 999 E GULF DR #322 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD CAMEL, DONNA 999 EAST GULF DRIVE 222 SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD DECAPUA, JOSEPH 999 EAST GULF DRIVE SUITE 112 SANIBEL, FL 33957 <input type="checkbox"/> Delete		PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		VD Ronald Williams 999 East Gulf Drive 102 Sanibel FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete		STD Willard Carmel 999 East Gulf Drive 222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ DATE 5/12/06 1-614-4595883 Signature and typed or printed name of signing officer or director			