

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22388

FILED
Apr 03, 2009
Secretary of State

Entity Name: PLANTATION VILLAGE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957 US

New Principal Place of Business:

C/O ISLAND MANAGEMENT
711 TARPON BAY RD
SANIBEL, FL 33957 US

Current Mailing Address:

C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0178025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN J
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: VD () Delete
Name: WILLIAMS, RONALD
Address: 999 EAST GULF DR SUITE 102
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: CARMEL, WILLARD
Address: 999 EAST GULF DR SUITE 222
City-St-Zip: SANIBEL, FL 33957

Title: STD () Delete
Name: BLUE, DAVID
Address: 999 E GULF DR 111
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WILLIAMS, RONALD
Address: 999 EAST GULF DR # 102
City-St-Zip: SANIBEL, FL 33957

Title: STD (X) Change () Addition
Name: CURTIN, THOMAS
Address: 999 EAST GULF DR SUITE 221
City-St-Zip: SANIBEL, FL 33957

Title: PD (X) Change () Addition
Name: BLUE, DAVID
Address: 999 E GULF DR 111
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: DAVID BLUE

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date