
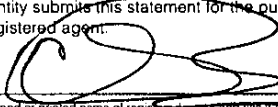
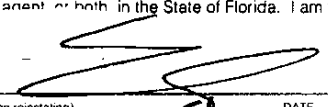
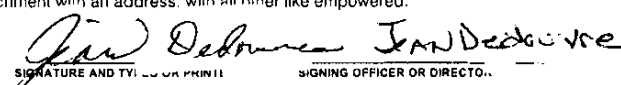
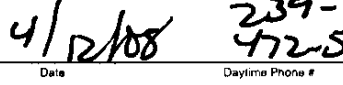


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 038 ****61.25

DOCUMENT # N28284 1. Entity Name SANDRIFT PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business PO BOX 194 % ASSN MGMT CAPTIVA ISLAND, FL 33924 US		Mailing Address ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957	
2. Principal Place of Business - No P.O. Box # 711 TARPON BAY RD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 100 Suite, Apt. #, etc.	
City & State SANIBEL, FL Zip 33957 Country USA		City & State SANIBEL, FL Zip 33957 Country USA	
4. FEI Number 65-0106274		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA RD % ASSN MGMT CAPTIVA ISLAND, FL 33924		7. Name and Address of New Registered Agent Name STEVEN MACKESY Street Address (P.O. Box Number is Not Acceptable) 711 TARPON BAY RD 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  Signature, typed or printed name of registered agent, and this is acceptable. (NOTE: Registered Agent #)		SIGNATURE  Signature, typed or printed name of registered agent, and this is acceptable. (NOTE: Registered Agent #)	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ST NAME DEDOUZE, JEAN STREET ADDRESS POB 685 CITY-ST-ZIP CAPTIVA, FL 33924	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME WATT, DAVID DR STREET ADDRESS 1750 HICKORY LN CITY-ST-ZIP WHEATON, IL 60187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME FERENZ, CLINT DR STREET ADDRESS 610 HOLLY HILL DR CITY-ST-ZIP BRIELLE, NJ 08730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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:  SIGNATURE AND TYPE OR PRINT		SIGNING OFFICER OR DIRECTOR:  Date 4/12/08 Daytime Phone # 239-472-5020	