


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 07, 2007 8:00 A.M.
Secretary of State

DOCUMENT # N93000005518	
1. Entity Name SANIBEL HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O THE CONTINENTAL GROUP, INC 2950 NORTH 28TH TERR HOLLYWOOD, FL 33020 US	Mailing Address C/O THE CONTINENTAL GROUP, INC 2950 NORTH 28TH TERR HOLLYWOOD, FL 33020 US
---	---



2. Principal Place of Business - No P.O. Box # c/o SWIFT MGMT SOLUTIONS INC Suite, Apt. #, etc. 1750 UNIVERSITY DR #205 City & State CORAL SPRINGS, FL Zip 33071 Country BROWARD	3. Mailing Address c/o SWIFT MGMT SOLUTIONS INC Suite, Apt. #, etc. 1750 UNIVERSITY DR #205 City & State CORAL SPRINGS, FL Zip 33071 Country BROWARD
---	---

12212006 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0455828	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 THE CONTINENTAL GROUP, INC 2950 NORTH 28TH TERR HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name: Randall K. Roger & Associates, PA Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 ST, #300 City: Boca Raton FL Zip Code: 33487
--	---

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]* , Randall K. Roger, Pres. / Randall K Roger & Associates 12/21/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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 NAME STREET ADDRESS CITY - ST - ZIP	VPD WOHL, SUSAN 7888 DIXIE BEACH CIR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700103097177 05/23/07--01014--018 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DELCOTTO, WENDY 8040 SANIBEL DRIVE TAMARAC, FL 33321 <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	DT SCOTT, ANDERSON 11021 CONCH CT TAMARAC, FL 33321 <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	DS CHIN, KAREN 7878 DIXIE BEACH CIR TAMARAC, FL 33321 <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 DS/16	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JARED LEIDERHANDLER 7815 SANIBEL DR TAMARAC, FL 33321
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]* April 25, 2007 957-6102288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #