


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90001 015 \*\*\*\*61.25

<b>DOCUMENT # N93000005518</b>	
1. Entity Name <b>SANIBEL HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071 US</b>	Mailing Address <b>C/O SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0455828</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RANDALL K ROGER &amp; ASSOCIATES, PA 621 NW 53 ST #300 BOCA RATON, FL 33487</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOHL, SUSAN <input type="checkbox"/> Delete 7888 DIXIE BEACH CIR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Anderson, Scott <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11021 Conch Court Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELCOTTO, WENDY <input type="checkbox"/> Delete 8040 SANIBEL DRIVE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD Lederhandler, Jared <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7815 Sanibel Drive Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCOTT, ANDERSON <input checked="" type="checkbox"/> Delete 11021 CONCH CT TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chin, Karen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7878 Dixie Beach Circle Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHIN, KAREN <input type="checkbox"/> Delete 7878 DIXIE BEACH CIR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERHANDLER, JARED <input checked="" type="checkbox"/> Delete 7815 SANIBEL DR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:** Wayne R. Delio Feb 7, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #