

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005518

FILED
Jan 23, 2009
Secretary of State

Entity Name: SANIBEL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNIVERSITY DRIVE, #205
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

C/O SWIFT MANAGEMENT SOLUTIONS, INC.
1750 UNIVERSITY DRIVE, #205
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0455828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL K ROGER & ASSOCIATES, PA
621 NW 53 ST
#300
BOCA RATON, FL 33487 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: VPD () Delete
Name: WOHL, SUSAN
Address: 7888 DIXIE BEACH CIR
City-St-Zip: TAMARAC, FL 33321

Title: DP () Delete
Name: DELCOTTO, WENDY
Address: 8040 SANIBEL DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: CHIN, KAREN
Address: 7815 DIXIE BEACH CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: SCOTT, ANDERSON
Address: 11021 CONCH COURT
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: LEDERHANDLER, JARED
Address: 7815 SANIBEL DRIVE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WENDY DELCOTTO

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date