## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002220

FILED Apr 10, 2009 Secretary of State

Entity Name: SANIBEL SUNSET VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P&M PROPERTY MANAGEMENT 14360 S. TAMIAMI TRL., UNIT B FORT MYERS, FL 33912 US

Current Mailing Address: New Mailing Address:

P&M PROPERTY MANAGEMENT 14360 S. TAMIAMI TRL., UNIT B FORT MYERS, FL 33912 US

FEI Number: 65-0667548 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAPP, PAUL P & M PROPERTY MGMT 14360 S. TAMIMAI TRL., UNIT B FORT MYERS, FL 33912 US

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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 ( X) Change ( ) Addition

 Name:
 BENNETT, LOURIANNE
 Name:
 BENNETT, LOURIANNE

 Address:
 15660 SAN CARLOS BLVD. #40
 Address:
 14360 S. TAMIMAI TRL., UNIT B

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33912

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: MATUSZAK, JIM Name: MATUSZAK, JIM

Name: MATUSZAK, JIM Name: MATUSZAK, JIM Name: Address: 16810 SANIBEL SUNSET CT., 602 Address: 14360 S. TAMIMAI TRL., UNIT B

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33912

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: MCALLISTER, BEA Name: MCALLISTER, BEA
Address: 16821 SANIBEL SUNSET CT., 201 Address: 14360 S. TAMIMAI TRL., UNIT B

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33912

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: LAURIANNE BENNETT P 04/10/2009