

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734968

**Entity Name:** VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC0466217727**

**Current Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957

**FEI Number: 59-1659116**

**Certificate of Status Desired: No**

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

MACKESY, STEVEN J  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           MARTIN, EDWARD  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title           VP  
Name           DEVORE, ROBERT  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title           SECRETARY  
Name           CAMPBELL, MARCELLA  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title           TREASURER  
Name           MEZERA, JAMES  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title           PRESIDENT  
Name           FRAZIER, ARNOLD  
Address        711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

*I hereby 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 all other like empowered.*

**SIGNATURE: ARNOLD FRAZIER**

**PRESIDENT**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date