#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 722002** 

Entity Name: SANIBEL MOORINGS CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 16, 2017 **Secretary of State** CC5444959471

### **Current Principal Place of Business:**

845 E GULF DRIVE SANIBEL, FL 33957

## **Current Mailing Address:**

845 E GULF DRIVE SANIBEL, FL 33957

FEI Number: 59-1382363 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CORDISCO, KARI A 845 E. GULF DRIVE 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

ARNOULD, RICHARD Name 845 E. GULF DR. Address

SANIBEL FL 33957 City-State-Zip:

Title SD

Name HALLBERG, WILLIAM Address 845 E. GULF DRIVE City-State-Zip: SANIBEL FL 33957

Title D

Name WELLMAN, JAMES 845 E. GULF DRIVE Address

City-State-Zip: SANIBEL FL 33957

Title DIRECTOR FEREDAY, MIKE Name 845 E GULF DRIVE Address SANIBEL FL 33957 City-State-Zip:

Title

Name FOX, JAMES Address 845 E. GULF DR. SANIBEL FL 33957

PD

City-State-Zip:

Title VD

Name LORENGER, MARK Address 845 E. GULF DRIVE SANIBEL FL 33957 City-State-Zip:

Title DIRECTOR

PD

Name SMITH, ARCHIBALD A. III

Address 845 E GULF DRIVE 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: JAMES FOX

Electronic Signature of Signing Officer/Director Detail

03/16/2017

Date