

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722002

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

**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 TD  
Name ARNOULD, RICHARD  
Address 845 E. GULF DR.  
City-State-Zip: SANIBEL FL 33957

Title PD  
Name FOX, JAMES  
Address 845 E. GULF DR.  
City-State-Zip: SANIBEL FL 33957

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

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

Title VP  
Name SMITH, ARCHIBALD A. III  
Address 845 E GULF DRIVE  
City-State-Zip: SANIBEL FL 33957

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

Title DIRECTOR  
Name STAHLEY, JOHN  
Address 845 E GULF DR  
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

**PRESIDENT**

**02/02/2023**

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

\_\_\_\_\_  
Date