

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726304

**Entity Name:** SANIBEL ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC2861906122**

**Current Principal Place of Business:**

15911 TROPICAL BREEZE DR  
FT. MYERS, FL 33908

**Current Mailing Address:**

15911 TROPICAL BREEZE DR  
FT. MYERS, FL 33908 US

**FEI Number: 65-0205097**

**Certificate of Status Desired: No**

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

SANIBEL ESTATES PROPERTY OWNER'S ASSOCIAT  
15911 TROPICAL BREEZE DR  
FT. MYERS, FL 33908 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 PD  
Name MUENCH, JERRY  
Address 665 ANCHOR DR  
City-State-Zip: SANIBEL FL 33957

Title SD  
Name CURTIS, RALPH  
Address 459 LAGOON DR  
City-State-Zip: SANIBEL FL 33957

Title TD  
Name ROSS, DAVID J  
Address 15911 TROPICAL BREEZE DR  
City-State-Zip: FT. MYERS FL 33908

Title SD  
Name CURTIS, BILLIE J  
Address 459 LAGOON DR  
City-State-Zip: SANIBEL FL 33957

Title D  
Name MCBEE, DAVID  
Address 911 SO YACHTSMAN 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: DAVID J ROSS**

**TREASURER**

**01/25/2016**

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

\_\_\_\_\_  
Date