#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747588** 

Entity Name: CLAMSHELL CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 19, 2021 **Secretary of State** 0738850168CC

# **Current Principal Place of Business:**

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

# **Current Mailing Address:**

C/O ISLAND MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US

FEI Number: 59-2089078 Certificate of Status Desired: No

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

LODWICK, STEPHEN 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: STEPHEN LODWICK 03/19/2021

> Date Electronic Signature of Registered Agent

### Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title SECRETARY, TREASURER Name LUEBBERS, RAYMOND Name FARBER O'DONNELL, KIM 711 TARPON BAY RD 711 TARPON BAY RD Address Address City-State-Zip: SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957

Title **DIRECTOR** Title DIRECTOR

Name WINTERS, SALLY PORTER, BETH Name

Address C/O ISLAND MANAGEMENT C/O ISLAND MANAGEMENT Address

711 TARPON BAY ROAD 711 TARPON BAY ROAD

SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957

Title **DIRECTOR** Title DIRECTOR Name HANLON, JAY Name JOCELYN, THOMAS

C/O ISLAND MANAGEMENT Address C/O ISLAND MANAGEMENT Address

711 TARPON BAY ROAD 711 TARPON BAY ROAD

SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957 City-State-Zip:

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.