

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011541

Entity Name: SANIBEL SEA SCHOOL, INC.**Current Principal Place of Business:**455 PERIWINKLE WAY
SANIBEL, FL 33957**Current Mailing Address:**P.O. BOX 1229
SANIBEL, FL 33957**FEI Number:** 20-3684133**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEILL, JAMES BRUCE
9440 COTTEN CT
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:** JAMES B. NEILL

03/08/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	MARINELLO, MARK	Name	KHAKKEE, NIK
Address	1028 BAYVIEW DRIVE	Address	410 CENTRAL PARK WEST, APT. 10AB
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	NEW YORK NY 10025
Title	DIRECTOR	Title	DIRECTOR
Name	NEILL, J. BRUCE PH.D.	Name	NEILL, EVELYN MONROE
Address	9440 COTTEN COURT	Address	9440 COTTEN COURT
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	SANIBEL FL 33957
Title	DIRECTOR	Title	SECRETARY
Name	MASSIE, CHARLES	Name	O'KONSKI, JODY
Address	15671 SAN CARLOS BLVD SUITE 201	Address	799 CAPE VIEW DRIVE
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33957
Title	DIRECTOR	Title	DIRECTOR
Name	SUMMITT, MARK	Name	ROACH, CHARLES (CHIP)
Address	1807 BOWMANS BEACH ROAD	Address	558 LIGHTHOUSE WAY
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	SANIBEL FL 33957

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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: J. BRUCE NEILL**EXECUTIVE DIRECTOR**

03/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCMILLEN, JENNIFER
Address 1667 MCGREGOR RESERVE DR.
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name SCHWARTZEL-RIENZO, JODI
Address 1205 WALDEN DR
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name GIORDANI, ROSEANNE
Address 5853 PINE TREE DRIVE
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name ARNHEITER, MICHAEL
Address 1152 BUTTONWOOD LANE
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name SULLIVAN, JENNA
Address 1983 NW ESTAVIEW DR
City-State-Zip: CORVALLIS OR 97330

Title DIRECTOR
Name GREY, JOHN
Address 2 GLENVIEW MANOR DRIVE
City-State-Zip: FORT MYERS BEACH FL 33931