## 2016 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, 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:

Electronic Signature of Registered Agent

Date

FILED Jan 25, 2016

Secretary of State

CC6191229219

Officer/Director Detail:

 Title
 VP
 Title
 DIRECTOR

 Name
 MARINELLO, MARK
 Name
 KHAKEE, 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

Name NEILL, J. BRUCE PH.D.

Address 9440 COTTEN COURT Name NEILL, EVELYN MONROE
Address 9440 COTTEN COURT

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

Title DIRECTOR Title DIRECTOR

Name MASSIE, CHARLES Name DICARLO, DANA

Address 15671 SAN CARLOS BLVD SUITE 201 Address 28 CHARLCOTE PLACE

City-State-Zip: FORT MYERS FL 33908 City-State-Zip: BALTIMORE MD 21218

Title SECRETARY Title PRESIDENT

Name O'KONSKI, JODY Name SUMMITT, MARK

Address 799 CAPE VIEW DRIVE Address 1807 BOWMANS BEACH ROAD

City-State-Zip: FORT MYERS 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, PHD

**EXECUTIVE DIRECTOR** 

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name ROACH, CHARLES (CHIP) Name MCMILLEN, JENNIFER

Address 558 LIGHTHOUSE WAY Address 1667 MCGREGOR RESERVE DR.

City-State-Zip: SANIBEL FL 33957 City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR Title DIRECTOR

Name ARNHEITER, MICHAEL Name SCHWARTZEL-RIENZO, JODI

Address 1152 BUTTONWOOD LANE Address 1205 WALDEN DR

City-State-Zip: SANIBEL FL 33957 City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR Title DIRECTOR

NameSULLIVAN, JENNANameGIORDANI, ROSEANNEAddress1983 NW ESTAVIEW DRAddress5853 PINE TREE DRIVE

City-State-Zip: CORVALLIS OR 97330 City-State-Zip: SANIBEL FL 33957

Title DIRECTOR Title DIRECTOR

Name WILLIAMS, BRIAN A ESQ. Name GREY, JOHN

Address 2000 N. BAYSHORE DRIVE, APT. 407 Address 2 GLENVIEW MANOR DRIVE

City-State-Zip: MIANI FL 33137 City-State-Zip: FORT MYERS BEACH FL 33931