2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPOR	Τ
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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

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

NEILL, JAMES BRUCE 9440 COTTEN CT SANIBEL, FL 33957 US Certificate of Status Desired: Yes

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		
	Electronic Signature of Registered Agent		Date
Officer/Direc	tor Detail :		
Title	VP	Title	DIRECTOR
Name	MARINELLO, MARK	Name	KHAKEE, NIK
Address	1028 BAYVIEW DRIVE	Address	410 CENTRAL PARK WEST, APT.
City-State-Zip:	SANIBEL FL 33957	City-State-Zip:	10AB NEW YORK NY 10025
Name N Address 94	DIRECTOR NEILL, J. BRUCE PH.D. 9440 COTTEN COURT SANIBEL FL 33957	Title Name Address	DIRECTOR NEILL, EVELYN MONROE 9440 COTTEN COURT
		City-State-Zip:	SANIBEL FL 33957
Title Name Address	DIRECTOR MASSIE, CHARLES 15671 SAN CARLOS BLVD SUITE 201	Title Name Address	DIRECTOR DICARLO, DANA 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

#### Continues on page 2

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 01/09/2017

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 09, 2017 Secretary of State CC0065808211

# **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
Name	SULLIVAN, JENNA	Name	GIORDANI, ROSEANNE
Address	1983 NW ESTAVIEW DR	Address	5853 PINE TREE DRIVE
City-State-Zip:	CORVALLIS OR 97330	City-State-Zip:	SANIBEL FL 33957
Title	DIRECTOR		

 Address
 2 GLENVIEW MANOR DRIVE

 City-State-Zip:
 FORT MYERS BEACH FL 33931

GREY, JOHN

Name