

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1000000104

**Entity Name:** LEAGUE OF WOMEN VOTERS-SANIBEL, INC.

**Current Principal Place of Business:**

2010 WILD LIME DRIVE  
SANIBEL, FL 33957

**FILED**  
**Jan 10, 2015**  
**Secretary of State**  
**CC2560750890**

**Current Mailing Address:**

PO BOX 1194  
SANIBEL, FL 33957 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GRAY, CAROLYN M  
2010 WILD LIME DRIVE  
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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KRAVINK, ROBIN  
Address        TURTLE GAIT LANE  
City-State-Zip: SANIBEL FL 33957

Title            TREASURER  
Name            GRAY, CAROLYN  
Address        2010 WILD LIME DRIVE  
City-State-Zip: SANIBEL FL 33957

Title            SECRETARY  
Name            WOLF, MARTHA  
Address        P.O. BOX 1429  
City-State-Zip: SANIBEL FL 33957

Title            DIRECTOR  
Name            ELLEN, O'NEILL  
Address        805 EAST GULF DRIVE  
City-State-Zip: SANIBEL FL 33957

Title            VP  
Name            CALKINS, RICHARD  
Address        1410 ALBATROSS RD  
City-State-Zip: SANIBEL FL 33957

Title            DIRECTOR  
Name            ELOWSON, MAREE  
Address        970 BLACK SKIMMER WAY  
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: CAROLYN M. GRAY**

**TREASURER**

**01/10/2015**

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

\_\_\_\_\_  
Date