# 2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N24452

Entity Name: SANIBEL MUSIC FESTIVAL, INC.

tity Name: Sanibel MUSIC FESTIVAL, II

**Current Principal Place of Business:** 

1662 SERENITY LANE SANIBEL, FL 33957

## **Current Mailing Address:**

**BOX 1623** 

SANIBEL, FL 33957 US

FEI Number: 65-0032845 Certificate of Status Desired: No

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

MURTY, TIMOTHY 1633 PERIWINKLE WAY SUITE A 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** 

Apr 25, 2013

Secretary of State CC7070842555

#### Officer/Director Detail:

Title DP	Title	DVP
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NameORRELL, ROBERT PNameSEIDLER, LEE VPAddress1662 SERENITY LANEAddress5001 JOEWOOD DRIVECity-State-Zip:SANIBEL FL 33957City-State-Zip:SANIBEL FL 33957

Title DS Title DT

NameVON BELOW, ULLA DNameORRELL, ROBERT W TAddress1341 SANDCASTLE ROADAddress1662 SERENITY LANECity-State-Zip:SANIBEL FL 33957City-State-Zip:SANIBEL FL 33957

Title DVP

Name SAWYER, EDWARD D Name STONE, JANA DVP

Address 11511 LAIKA LANE Address 8987 MOCKINGBIRD LANE

City-State-Zip: CAPTIVA FL 33924 City-State-Zip: SANIBEL FL 33957

Title SECRETARY Title DIRECTOR

Name CONRAD, ROBERTA Name STEELE, SHERYL

Address 411 LAGOON DRIVE Address 949 KINGS ROWN DRIVE

City-State-Zip: SANIBEL 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: ROBERT W. ORRELL PRESIDENT 04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR Name GILHOOLEY, MARY ANN Name DAVIE, JOE

2629 WEST GULF DRIVE Address 5049 JOEWOOD DRIVE Address

1B

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

Title DIRECTOR **DIRECTOR** Title PICK, SUE Name

Name MICHAEL, NEWHOUSE Address 3145 WEST GULF DRIVE

Address 3025 WEST GULF DRIV 102

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