

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24452

**Entity Name:** SANIBEL MUSIC FESTIVAL, INC.

**Current Principal Place of Business:**

1633 PERIWINKLE WAY STE B  
SANIBEL, FL 33957

**Current Mailing Address:**

1633 PERIWINKLE WAY STE B  
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

**Officer/Director Detail :**

Title DVP  
Name SEIDLER, LEE VP  
Address 5001 JOEWOOD DRIVE  
City-State-Zip: SANIBEL FL 33957

Title PRESIDENT  
Name STONE, JANA  
Address 16818 ON PAR BLVD  
City-State-Zip: FT MYERS FL 33908

Title SECRETARY  
Name CONRAD, ROBERTA  
Address 411 LAGOON DRIVE  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name STEELE, SHERYL  
Address 949 KINGS CROWN DRIVE  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name NEWHOUSE, MICHAEL  
Address 3025 WEST GULF DRIV  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name PICK, SUE  
Address 3145 WEST GULF DRIVE  
102  
City-State-Zip: SANIBE FL 33957

Title DIRECTOR  
Name CONRAD, DAVID  
Address 411 LAGOON DRIVE  
City-State-Zip: SANIBEL FL 33957

Title VP  
Name ORRELL, NINA  
Address 1662 SERENITY LANE  
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:** VASANTA SENERAT

**TREASURER**

**04/05/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LARSON, DEBBIE  
Address 4597 BOWEN BAYOU RD  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name SWEENEY, JACKIE  
Address 791 LIMPET DRIVE  
City-State-Zip: SANIBEL FL 33957

Title TREASURER  
Name SENERAT, VASANTA  
Address 1663 PERIWINKLE WAY STE B  
City-State-Zip: SANIBEL FL 33957