

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

DOCUMENT# N98000002978

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**9630321291CC**

**Entity Name:** OPTIMIST CLUB OF SANIBEL CAPTIVA, INC.

**Current Principal Place of Business:**

2475 LIBRARY WAY  
SANIBEL ISLAND, FL 33957

**Current Mailing Address:**

P O BOX 1370  
SANIBEL ISLAND, FL 33957 US

**FEI Number:** 91-1871972

**Certificate of Status Desired:** No

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

HOWARD, STAN  
4410 TAFFRAIL CT. 2A  
FORT MYERS, FL 33919 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:** STAN HOWARD

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BASHER, SUSAN H  
Address 4410 TAFFRAIL CT  
2A  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name CARSON, RANDY P  
Address 1517 PERIWINKLE WAY UNIT 3B  
City-State-Zip: SANIBEL FL 33957-0229

Title T  
Name OBRIEN, MARK B  
Address 1529 NE 35TH ST  
2A  
City-State-Zip: CAPE CORAL FL 33909

Title P  
Name HOWARD, STANLEY  
Address 3318 TWIN LAKES LANE  
City-State-Zip: SANIBEL ISLAND FL 33957

Title D  
Name ALTON, DAN  
Address 1119 PERIWINKLE WAY  
UNIT 36  
City-State-Zip: SANIBEL FL 33957

Title SECRETARY  
Name ANTONIA, OSGOOD  
Address 475 LAS TIENDAS LN  
City-State-Zip: SANIBEL FL 33957

Title VICE-PRESIDENT  
Name JONES, JOHN  
Address 521 LAKE MUREX CIR  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name BOWERS, SUSAN  
Address P.O. BOX 694  
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:** MARK P OBRIEN

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01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRAHAM, DAVID  
Address 1291 PARVIEW DR.  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name STEGER, MARK  
Address P.O. BOX 705  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name MCCRAY, MICHAEL  
Address P.O. BOX 436  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name HOWARD, DANETTE  
Address 3318 TWIN LAKES LANE  
City-State-Zip: SANIBEL FL 33957