

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007671

1. Entity Name
HIS PLACE BY THE SEA, INC.



Principal Place of Business
**734 SAND DOLLAR DR.
SANIBEL, FL 33957**

Mailing Address
**734 SAND DOLLAR DR.
SANIBEL, FL 33957**



03132007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-1061825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAYBEE, RICHARD G
734 SAND DOLLAR DR.
SANIBEL, FL 33957**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Richard G. Maybee*, *Richard G. Maybee, treasurer* *3/17/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HETMANEK, JAMES 448 GLORY CIRCLE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYBEE, RICHARD G 734 SAND DOLLAR DR. SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYBEE, BARBARA A 734 SAND DOLLAR DR. SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO NAVE, BARBARA 9393 PEACEFUL SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/07-80036-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Richard G. Maybee*, *Richard G. Maybee, Treasurer*, *3/17/07* *239-278-3041*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #