

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002894

FILED
Feb 02, 2009
Secretary of State

Entity Name: SANIBEL BICYCLE CLUB, INC.

Current Principal Place of Business:

1062 SEA HAWK LANE
SANIBEL, FL 33957

New Principal Place of Business:

653 EAST ROCKS DRIVE
SANIBEL, FL 33957

Current Mailing Address:

PO BOX 951
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 20-8760542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL I
2737 WEST GULF DRIVE
APT 136
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARBAUGH, TOM
Address: 1062 SEA HAWK LANE
City-St-Zip: SANIBEL, FL 33957

Title: PED () Delete
Name: SARTORIS, WILLIAM
Address: 3181 TWIN LAKE LANE
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: DROTLEFF, CATRINA
Address: 271 FERRY LANDING DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: MILLER, MICHAEL I
Address: 2737 WEST GULF DRIVE, APT 136
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: MILLER, MARY
Address: 2737 WEST GULF DR #136
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: MALLON, JEANNE
Address: 791 SAND DOLLAR DRIVE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SARTORIS, WILLIAM
Address: 3181 TWIN LAKES LANE
City-St-Zip: SANIBEL, FL 33957

Title: PED (X) Change () Addition
Name: BERGSTROM, KENNETH
Address: 653 EAST ROCKS DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: SD (X) Change () Addition
Name: LIEBLEIN, MARG
Address: 1250 TENNISPLACE, APT E24
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL I. MILLER

TD

02/02/2009

Electronic Signature of Signing Officer or Director

Date