

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006546

Entity Name: THE SANIBEL HISTORICAL MUSEUM AND VILLAGE INC.**Current Principal Place of Business:**950 DUNLOP RD.
SANBEL, FL 33957-4017**Current Mailing Address:**950 DUNLOP RD.
SANBEL, FL 33957-4017 US**FEI Number: 14-2003090****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DONALDSON, DOROTHY
1873 FARM TRAIL
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: DOROTHY DONALDSON****03/04/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DONALDSON, DOROTHY
Address 1873 FARM TREE
City-State-Zip: SANIBEL FL 33957

Title VP
Name KARL, RODMAN
Address 5657 SAN CAP ROAD
City-State-Zip: SANIBEL FL 33957

Title SECRETARY
Name HALLIDAY, JAN
Address 299 FERRY LANDING
City-State-Zip: SANIBEL FL 33957

Title TREASURER
Name STALEY, DEBBIE
Address 950 DUNLOP ROAD
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name BACHMAN, BILL
Address 3049 WEST GULF DRIVE
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name DUFFY, SALLY
Address 268 FERRY LANDING DRIVE
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name GOODWIN, CLIVIE
Address 1426 SANDCASTLE ROAD
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name LESSACK, ALAN
Address 1612 SERENITY LANE
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: DEBBIE STALEY**TREASURER****03/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MIGLIORINI, GAIL
Address 1622 SERENITY LANE
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name O'NEILL, ELLEN
Address 805 EAST GULF DRIVE #C1
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name NEWTON, PAULA
Address 2929 WEST GULF DR #301
City-State-Zip: SANIBEL FL 33957