

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N19000011419

**Entity Name:** SANIBEL FLYFISHERS INC

**Current Principal Place of Business:**

2130 EGRET CIRCLE  
SANIBEL, FL 33957

**Current Mailing Address:**

650 TARPON BAY RD  
#595  
SANIBEL, FL 33957 US

**FEI Number:** 01-0586820

**Certificate of Status Desired:** Yes

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

CUNNINGHAM, THOMAS A  
2130 EGRET CIRCLE  
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           TREASURER, SECRETARY  
Name           CUNNINGHAM, THOMAS A  
Address        2130 EGRET CIRCLE  
City-State-Zip: SANIBEL FL 33957

Title           DIRECTOR  
Name           LONG, GARY  
Address        5429 SHEARWATER DR  
City-State-Zip: SANIBEL FL 33957

Title           DIRECTOR  
Name           BRUBAKER, BILL  
Address        13681 KNOT DR  
City-State-Zip: FT MYERS FL 33908

Title           DIRECTOR  
Name           DEVORE, ROBERT  
Address        1270 BAY RD  
City-State-Zip: SANIBEL FL 33957

Title           DIRECTOR  
Name           ZEIGLER, NORM  
Address        482 SURF SOUND CT  
City-State-Zip: SANIBEL FL 33957

Title           PRESIDENT  
Name           GROSSMAN, JEFFREY  
Address        1693 BUNTING LANE  
City-State-Zip: SANIBEL FL 33957

Title           DIRECTOR  
Name           NEILL, BRUCE  
Address        82 S 17TH STREET  
City-State-Zip: SAN JOSE CA 95112

Title           VP  
Name           BOURDOW, RICHARD  
Address        790 BEACH RD  
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:** THOMAS A CUNNINGHAM

**TREASURER**

**08/09/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LUJAN, DAVID  
Address 9240 BELDING DR  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name MARSTON, MIKE  
Address 225 VIOLET DR  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name HUBER, ANDREW  
Address 236 POINTSETTIA DR  
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR  
Name BROOKS, ROBERT  
Address 990 BEACH RD  
City-State-Zip: SANIBEL FL 33957