

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

DOCUMENT# N19000011419

**Entity Name:** SANIBEL FLYFISHERS INC

**Current Principal Place of Business:**

2134 EGRET CIRCLE  
SANIBEL, FL 33957

**Current Mailing Address:**

PO BOX 595  
SANIBEL, FL 33957 US

**FEI Number:** 01-0586820

**Certificate of Status Desired:** Yes

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

CUNNINGHAM, THOMAS A  
2134 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  
Name           CUNNINGHAM, THOMAS A  
Address        2134 EGRET CIRCLE  
City-State-Zip: SANIBEL FL 33957

Title           PRESIDENT  
Name           SQUIBB, PETE  
Address        9215 BELLEZA WAY #101  
City-State-Zip: FT MEYERS FL 33908

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

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

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

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

Title           DIRECTOR  
Name           LOGAN, LEE  
Address        950 CABBAGE PALM CT  
City-State-Zip: SANIBEL FL 33957

Title           DIRECTOR  
Name           SCOVILLE, TONY  
Address        1341 MIDDLE GULF DR  
                  #15-A  
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:** THOMAS A CUNNINGHAM

**TREASURER**

**02/05/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name ZEIGLER, NORM  
Address 2242 PERIWINKLE WAY #1  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name ANDRE, NIEUWENHUIZEN  
Address 13581 CHINA BERRY WAY  
City-State-Zip: FT MYERS FL 33908