

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25730

**Entity Name:** THE KINZIE ISLAND HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

640 KINZIE ISLAND CT  
SANIBEL, FL 33957

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**9463128355CC**

**Current Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957 US

**FEI Number: 65-0081488**

**Certificate of Status Desired: No**

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

SIMAR SANIBEL MANAGEMENT, INC. DBA ISLAND MANAGEMENT GROUP  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
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: STEPHEN LODWICK**

**04/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BURKE, GAIL  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

Title TREASURER  
Name DONALD, MARK  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name GUZZO, JOSEPH  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

Title VP  
Name FARRELL, VICTORIA  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name HAMMOND, ANN  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

Title SECRETARY  
Name LAURA, FLYNN  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

Title PRESIDENT  
Name GRETCHEN, ERWIN  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name DAN, SURTZ  
Address C/O ISLAND MANAGEMENT  
PO BOX 100  
City-State-Zip: SANIBEL FL 33957

*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: ERWIN GRETCHEN**

**PRESIDENT**

**04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date