

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22150 (9)
1. Corporation Name
THE SANIBEL NATURISTS, INC.



Principal Place of Business: **4370 ORANGE GROVE BLVD, P.O. BOX 6789, FT. MYERS FL 33911**
Mailing Address: **4370 ORANGE GROVE BLVD, P.O. BOX 6789, FT. MYERS FL 33911**

3. Date Incorporated or Qualified: **08/21/1987**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **65-0049422**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CRAN, ROBERT K., 4370 ORANGE GROVE BLVD, NORTH FT MYERS FL 33903**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRES	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALETA, ADAM		1.2 NAME	
STREET ADDRESS: 1453 ALHAMBRA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT. MYERS FL		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: AHLERT, GLEN		2.2 NAME	
STREET ADDRESS: 4736 SANTA DEL RAE		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT MYERS FL		2.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: AHLERT, PRISCILLA		3.2 NAME	
STREET ADDRESS: 4736 SANTA DEL RAE		3.3 STREET ADDRESS	
CITY-ST-ZIP: FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BAILEY, CRAIG		4.2 NAME	
STREET ADDRESS: 3693 MANGO STREET		4.3 STREET ADDRESS: DIRECTOR CHARLIE TANT	
CITY-ST-ZIP: ST. JAMES CITY FL		4.4 CITY-ST-ZIP: 5934 TROPICAL DR FT MYERS FL 33919	
TITLE: TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CRAN, ROBERT		5.2 NAME	
STREET ADDRESS: 4370 ORANGE GROVE		5.3 STREET ADDRESS	
CITY-ST-ZIP: N. FT. MYERS FL		5.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOUTHALL, DAVID		6.2 NAME	
STREET ADDRESS: 51 SECOND ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP: BONITA SHORES FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Cran Date: 4/1/96 Telephone: 941-997-2852

CR2E037 (12/95)