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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33911-6789

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

3. Date Incorporated or Qualified: 08/21/1987
3a. Date of Last Report: 04/05/1996
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

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 office 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> DELETE
NAME	ALETA, ADAM	
STREET ADDRESS	1453 ALHAMBRA DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AHLERT, GLEN	
STREET ADDRESS	4736 SANTA DEL RAE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AHLERT, PRISCILLA	
STREET ADDRESS	4736 SANTA DEL RAE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TANT, CHARLIE	
STREET ADDRESS	5934 TROPICAL DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAN, ROBERT	
STREET ADDRESS	4370 ORANGE GROVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOUTHALL, DAVID	
STREET ADDRESS	51 SECOND ST.	
CITY-ST-ZIP	BONITA SHORES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TOM CLARK	
43 STREET ADDRESS	608 NW 37th PL	
44 CITY-ST-ZIP	CAPE CORAL FL. 33993	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Cran* *David Southall* 1-31-97 241-002-2042

CR2E037 (9/96)