

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22150 (9)**  
1. Corporation Name  
**THE SANIBEL NATURISTS, INC.**



Principal Place of Business <b>4370 ORANGE GROVE BLVD P.O. BOX 6789 FT. MYERS FL 33911</b>	Mailing Address <b>4370 ORANGE GROVE BLVD P.O. BOX 6789 FT. MYERS FL 33911</b>
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3. Date Incorporated or Qualified <b>08/21/1987</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0049422</b>		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>ALETA, ADAM</b>
STREET ADDRESS	<b>1453 ALHAMBRA DRIVE</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AHLERT, GLEN</b>
STREET ADDRESS	<b>4736 SANTA DEL RAE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AHLERT, PRISCILLA</b>
STREET ADDRESS	<b>4736 SANTA DEL RAE</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, TOM</b>
STREET ADDRESS	<b>608 NW 37 PL</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>CRAN, ROBERT</b>
STREET ADDRESS	<b>4370 ORANGE GROVE</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SOUTHALL, DAVID</b>
STREET ADDRESS	<b>51 SECOND ST.</b>
CITY-ST-ZIP	<b>BONITA SHORES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>TRUSTEE</b>
6.3 STREET ADDRESS	<b>NORWOOD MELCHER</b>
6.4 CITY-ST-ZIP	<b>9517 MARINERS COVE LA FT MYERS FL 33919</b>

14. I 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* SIGNATURE: *ROBERT CRAN* 1-20-98 941-997-2852

CR2E037 (10/97)