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**Feb 25, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N22150**

1. Corporation Name  
**THE SANIBEL NATURISTS, INC.**

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21	Suite, Apt. #, etc.	26	08/21/1987
22	City & State	27	4. FEI Number
23	Zip	28	65-0049422
24	Country	29	Applied For
25		30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CRAN, ROBERT K. 4370 ORANGE GROVE BLVD NORTH FT MYERS FL 33903		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALETA, ADAM	1.2 NAME	PRESIDENT
STREET ADDRESS	1453 ALHAMBRA DRIVE	1.3 STREET ADDRESS	JILL DUNN
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	1220 SW 33RD TERR CAPE CORAL FL 33914
TITLE	D	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	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	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, TOM	4.2 NAME	DIRECTOR
STREET ADDRESS	608 NW 37 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	TD	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	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELCHER, NORWOOD	6.2 NAME	
STREET ADDRESS	9517 MARINERS COVE LA	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Robert N. Cran 1-22-99 941-997-2852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)