


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90021 029 ****61.25

DOCUMENT # N22150 1. Entity Name THE SANIBEL NATURISTS, INC.			
Principal Place of Business 1220 SW 33RD TERRACE CAPE CORAL, FL 33914		Mailing Address P.O. BOX 6789 FORT MYERS, FL 33911	
2. Principal Place of Business 2648 8th St W Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LEHIGH ACRES FL		City & State	
Zip 33914	Country LEE	Zip	Country
4. FEI Number 65-0049422		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, GAIL 17179-1 TERRAVERDE CIRCLE FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17400 W. CARNEGIE CIR City FORT MYERS FL Zip Code 33967	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Gail P. Shaw</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>GAIL P. SHAW</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <u>7/9/06</u> <small>DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME DUNN, JILL STREET ADDRESS 1220 SW 33RD TERR CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE PSD NAME ROBERT SYNNOT STREET ADDRESS 2648 8th St West CITY-ST-ZIP LEHIGH ACRES FL 33914 DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME ALBA, MARY KAY STREET ADDRESS 8618 WEST PARK CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE VPB NAME GENE THOMPSON STREET ADDRESS 3317 MACDONALD AVE CITY-ST-ZIP FORT CHARLOTTE, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME BYERS, ED STREET ADDRESS 600 TARPON WAY CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE TD NAME SHAW, GAIL STREET ADDRESS 17179 1 TERRAVERDE CIRCLE CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Gail P. Shaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SIGNATURE: <u>GAIL P. SHAW</u> <small>DATE</small>	
DATE: <u>7/9/06</u> <small>DATE</small>		DAYTIME PHONE: <u>239-464-4335</u> <small>DAYTIME PHONE #</small>	

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