


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22150**  
 1. Entity Name  
**THE SANIBEL NATURISTS, INC.**



Principal Place of Business  
**2648 8TH ST. W  
 LEHIGH ACRES, FL 33974**

Mailing Address  
**P.O. BOX 6789  
 FORT MYERS, FL 33911**

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0049422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, GAIL  
 17400 W. CARNEGIE CIR  
 FT. MYERS, FL 33967**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBA, MARY KAY 8618 WEST PARK FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAW, GAIL 17400 W. CARNEGIE CIR FT. MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SYNNOT, ROBERT 2648 8TH ST. WEST LEHIGH ACRES, FL 33974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/10/07-80091-005 61.25

**DO NOT WRITE IN THIS SPACE**

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: GAIL P. SHAW GAIL P. SHAW 1/10/07 239-464-4235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #