

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 016 ****61.25



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**

2. Principal Place of Business - No P.O. Box #
2618 8TH ST. W

3. Mailing Address
 Suite, Apt. #, etc.

City & State
LEHIGH ACRES, FL

City & State

Zip
33974

Country
LEE

Zip

Country

01122008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0049422

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ROBERT SYNNOTT**

Street Address (P.O. Box Number is Not Acceptable)
2618 8TH ST. W

City **LEHIGH ACRES FL** Zip Code **33974**

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 **ROBERT SYNNOTT, SECRETARY**

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

Filing Fee is **\$61.25** Due by **May 1, 2008**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBA, MARY KAY	
STREET ADDRESS	8618 WEST PARK	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAW, GAIL	
STREET ADDRESS	17400 W. CARNEGIE CIR	
CITY-ST-ZIP	FT. MYERS, FL 33967	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	SYNNOT, ROBERT	
STREET ADDRESS	2648 8TH ST. WEST	
CITY-ST-ZIP	LEHIGH ACRES, FL 33974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2618 8TH ST. W	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, TR.** **3/24/08 481-9497**

Signature and typed or printed name of signing officer or director Date Daytime Phone #