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May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90004 039 \*\*\*\*61.25  
05-14-1999 90004 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 741672

1. Corporation Name  
JUNO OF SANIBEL, INC.

Principal Place of Business  
2440 PALM RIDGE RD  
P O BOX 628  
SANIBEL FL 33957  
US

Mailing Address  
P O BOX 628  
SANIBEL FL 33957  
US



2. Principal Place of Business  
21 *K233 Periwinkle* 26 *P.O. Box 628*  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State *Sanibel FL* 28 City & State  
24 Zip *33957* 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
02/21/1978  
4. FEI Number 59-1841920 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
SWANN, ANNA B  
~~2440 PALM RIDGE RD~~ *K233 Periwinkle*  
P O BOX 628  
SANIBEL FL 33957

10. Name and Address of New Registered Agent  
81 Name *Anna B Swann*  
82 Street Address (P.O. Box Number is Not Acceptable) *K233 Periwinkle way*  
83  
84 City *Sanibel* 85 Zip Code *33957*

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 *[Signature]* DATE *[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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, SIDNEY	1.2 NAME	<i>Alice Stouten</i>
STREET ADDRESS	7733 FORSYTH BLVD	1.3 STREET ADDRESS	<i>2013 West Gulf St</i>
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	<i>Sanibel FL 33957</i>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNROE, WILLIAM	2.2 NAME	
STREET ADDRESS	6 STONE GATE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN RI	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BUTLER, SANDRA</del>	3.2 NAME	
STREET ADDRESS	<del>572 CHERT COURT</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>SANIBEL FL</del>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: *5.1.99* DAYTIME PHONE #: *941-4721829*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0062036

CR2E037 (11/98)