2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 741672

1. Entity Name
JUNO OF SANIBEL, INC.

Principal Place of Business	Mailing Address
C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US	C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US

04122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1841920
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAPPAS, CAROL
C/O ISLAND REALTY + MANAGEMENT
PO BOX 100-703 TARPON BAY ROAD
SANIBEL, FL 33957

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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, 2004

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

000000126320
04/23/04-80029-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STONE, SIDNEY
STREET ADDRESS	7733 FORSYTH BLVD
CITY-ST-ZIP	ST LOUIS, MO
TITLE	VPD
NAME	MUNROE, WILLIAM
STREET ADDRESS	6 STONE GATE RD
CITY-ST-ZIP	WARREN, RI
TITLE	STD
NAME	GRASSET, CLAINE
STREET ADDRESS	8048 W GIDDINGS
CITY-ST-ZIP	CHICAGO, IL 60636
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: _____ 4/16/04 314-721-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #