2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

| DOCUMENT # 741672 1. Entity Name JUNO OF SANIBEL, INC. | | | | | | | | | 04-2 | 1-2005 | 90241 | 027 *** | *61.25 | |
|---|--|--|-------------------|---|--|--|-------------|--|-----------------------|------------------------------|--------------|---------------|-------------------|--|
| Principal Place of Business C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US | | | | Mailing Address C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US | | | | | | | | | | |
| 2. Principal Place of Business Clo 15 land Management | | | | 3, Mailing Address Clo) sland Management Group | | | | | | | | | | |
| Suite, Apt. #, etc. Group | | | Su | Suite, Apt. #, etc. | | | | 04062005 Chg-NP CR2E037 (10/03) | | | | | | |
| City & State | | | | City & State | | | 50 40 44000 | | | | plied For | | | |
| Zip | | Country . | Zi _l | Zip | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | | |
| | 6. Name | and Address of Current | Registere | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| PAPPAS, CAROL C/O ISLAND REALTY + MANAGEMENT PO BOX 100-703 TARPON BAY ROAD | | | | | | Street Address (P.O. Box Number is Not Acceptable) Go 151904 management Group | | | | | | | | |
| SANIBEL, | | | Po City | Box | 100- 7 | rpan | on Bay Road | | | | | | | |
| <u> </u> | 4.4 | | ی ٰ | anit | | | | FL | 33 | 957 | | | | |
| 8. The above the obligat | named entit ions of regis | y submits this statement for tered agent. | or the purp | ose of changing its | registere | ed office or | register | ed agent, or both | n, in the Stat | e of Florid | la. Iam fa | amiliar with, | and accept | |
| O CNATURE | | | | 5, | fue | n. 1 | NL | dusy | | 4 | 1-11 | -os^ | | |
| SIGNATURE . | Signature 4796 | printed name of registered agen | t and title if ap | olicable. (NOT | E: Registere | d Apent signet | | ~~ . | | | DATE | | | |
| | | on Campaign Financing Fund Contribution. | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | | | | | | |
| 10. | | OFFICERS AND D | RECTORS | | 11. | - | - | ADDITIONS/CHA | ANGES TO C | FFICERS | AND DIR | ECTORS IN | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STONE, S 7733 FOR ST LOUIS | RSYTH BLVD | | □ Delete | | | | | | | | Change Change | ☐ Addition | |
| JITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | E, WILLIAM GATE RD | | Delete . | | | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8048 W C | T, CLAINE GIDDINGS D, IL 60636 | | - 5 LDeleta | | | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | 1 | | 20 | Apmanr steeples | hase Hills | Road | d 600 | ☐ Change | ⊠ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | | | ☐ Delete | | | MIC 14 |) | eallo Land Land | ال | 600 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | 1 | _ | | | | • · <u>-</u> · · · · · · · · | - | ☐ Change | Addition | |
| indicated | 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 eath; 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 eddress annual other like empowered. | | | | | | | | | | | | | |