

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90072 007 ****61.25

DOCUMENT # N22150 1. Entity Name THE SANIBEL NATURISTS, INC.					
Principal Place of Business 945 LUCIA DRIVE PUNTA GORDA, FL 33950			Mailing Address P.O. BOX 6789 FORT MYERS, FL 33911		
2. Principal Place of Business 1220 SW 33rd Terrace <small>Suite, Apt. #, etc.</small>			3. Mailing Address <small>Suite, Apt. #, etc.</small>		
City & State Cape Coral FL			City & State FL 33914		
Zip 33914		Country US		4. FEI Number 65-0049422	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, GAIL 17179-1 TERRAVERADE CIRCLE FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME CUDDIHY, ROB		TITLE PD		
STREET ADDRESS 945 LUCIA DRIVE	CITY-ST-ZIP PUNTA GORDA, FL 33950		NAME Jill Dunn		
CITY-ST-ZIP PUNTA GORDA, FL 33950			STREET ADDRESS 1220 SW 33rd Terr		
CITY-ST-ZIP PUNTA GORDA, FL 33950			CITY-ST-ZIP Cape Coral, FL 33914		
TITLE SD	NAME CUDDIHY, BARB		TITLE SD		
STREET ADDRESS 945 LUCIA DRIVE	CITY-ST-ZIP PUNTA GORDA, FL 33950		NAME Mary Kay Alba		
CITY-ST-ZIP PUNTA GORDA, FL 33950			STREET ADDRESS 8618 West Park		
CITY-ST-ZIP PUNTA GORDA, FL 33950			CITY-ST-ZIP Fort Myers, FL 33907		
TITLE VP	NAME LOWDER, PATTI		TITLE VP		
STREET ADDRESS 25087 PINE WATER COVE LANE	CITY-ST-ZIP BONITA SPRINGS, FL 34134		NAME Ed Byers		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			STREET ADDRESS 600 Tarpon Way		
CITY-ST-ZIP PUNTA GORDA, FL 33950			CITY-ST-ZIP Punta Gorda, FL 33950		
TITLE TD	NAME SHAW, GAIL		TITLE VP		
STREET ADDRESS 17179 1 TERRAVERDE CIRCLE	CITY-ST-ZIP FORT MYERS, FL 33908		NAME Ed Byers		
CITY-ST-ZIP FORT MYERS, FL 33908			STREET ADDRESS 600 Tarpon Way		
CITY-ST-ZIP PUNTA GORDA, FL 33950			CITY-ST-ZIP Punta Gorda, FL 33950		
TITLE VP	NAME LOWDER, PATTI		TITLE VP		
STREET ADDRESS 25087 PINE WATER COVE LANE	CITY-ST-ZIP BONITA SPRINGS, FL 34134		NAME Ed Byers		
CITY-ST-ZIP BONITA SPRINGS, FL 34134			STREET ADDRESS 600 Tarpon Way		
CITY-ST-ZIP PUNTA GORDA, FL 33950			CITY-ST-ZIP Punta Gorda, FL 33950		
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: <u>Gail D. Shaw, TREASURER 2/24/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					