

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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**



01072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALBA, MARY KAY
8618 WEST PARK
FORT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHAW, GAIL
17400 W. CARNEGIE CIR
FT. MYERS, FL 33967**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SYNNOT, ROBERT
2648 8TH ST. WEST
LEHIGH ACRES, FL 33974**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000581536
01/10/07-80091-005 61.25

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IN THIS SPACE**

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**

Date

Daytime Phone #

1/10/07 239-464-4235