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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90018 045 \*\*\*\*61.25

DOCUMENT # N98000001063

1. Corporation Name

GUANA AREA/INTRACOASTAL NETWORK, INC.

Principal Place of Business

Mailing Address

12 SAN JUAN CIR  
PONTE VEDRA BEACH FL 32082

12 SAN JUAN CIR  
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3520445

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENNINGTON, C. RUFUS III  
12 SAN JUAN CIR  
PONTE VEDRA BEACH FL 32082

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE D ☐ Change ☒ Addition

NAME HARRIS, JOHN B M.D.

1.2 NAME Sarah Bailey

STREET ADDRESS 401 SAN JUAN DR

1.3 STREET ADDRESS 2202 Bishop Estate Road

CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

1.4 CITY-ST-ZIP Jacksonville, Florida 32259

TITLE D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME PENNINGTON, C. RUFUS

2.2 NAME

STREET ADDRESS 12 SAN JUAN CIR

2.3 STREET ADDRESS

CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME JOY, SHALE

3.2 NAME

STREET ADDRESS 132 13TH AVE SOUTH, #10

3.3 STREET ADDRESS

CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

3.4 CITY-ST-ZIP

TITLE D ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME SMITH, CATHERINE W

4.2 NAME

STREET ADDRESS 552 PONTE VEDRA BLVD

4.3 STREET ADDRESS

CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME TURNER, R.E. "TEDDY" IV

5.2 NAME

STREET ADDRESS 4400 MARSH LANDING BLVD. NO. 6

5.3 STREET ADDRESS

CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ 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: C. Rufus Pennington, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 355 7508

Date

Daytime Phone #

CR2E037 (1/98)