

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000001063**

1. Entity Name  
**GUANA AREA/INTRACOASTAL NETWORK, INC.**



Principal Place of Business  
**12 SAN JUAN CIR  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**12 SAN JUAN CIR  
PONTE VEDRA BEACH, FL 32082**



01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3520445**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2004**

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  
HARRIS, JOHN B M.D.  
401 SAN JUAN DR  
PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PENNINGTON, C. RUFUS  
12 SAN JUAN CIR  
PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOY, SHALE  
132 13TH AVE SOUTH, #10  
JACKSONVILLE BEACH, FL 32250**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BAILEY, SARAH  
2202 BISHOP ESTATE ROAD  
JACKSONVILLE, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAWRENCE, GREGORY A E  
300 WEST ADAMS STREET, STE 480  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
O'HARA, STEPHEN J JR  
ONE INDEPENDENT DRIVE, STE 1601  
JACKSONVILLE, FL 32202**

000000001260  
01/09/04-80034-009 61.25

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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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #