

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90420 001 \*\*\*\*61.25

**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**

2. Principal Place of Business  
**724 Spinnakers Drive**

3. Mailing Address  
**724 Spinnakers Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006 Chg-NP CR2E037 (11/05)

City & State  
**Ponte Vedra Beach, FL**

City & State  
**Ponte Vedra Beach, FL**

4. FEI Number  
**59-3520445**

Applied For  
Not Applicable

Zip  
**32082**

Country  
**USA**

Zip  
**32082**

Country  
**USA**

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**

**7. Name and Address of New Registered Agent**

Name  
**Pennington, C. Rufus, III**  
Street Address (P.O. Box Number is Not Acceptable)  
**724 Spinnakers Drive**

City **Ponte Vedra Beach, FL** Zip Code **32082**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **HARRIS, JOHN B M.D.**  
STREET ADDRESS **401 SAN JUAN DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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

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

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

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Pennington, C. Rufus**  
STREET ADDRESS **724 Spinnakers Drive**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information submitted 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-06 904-355-7508**