

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710065 (4)
1. Corporation Name
GARDEN MANOR OF NAPLES, INC.



Principal Place of Business
**203-225 8TH AVE. SOUTH
NAPLES FL 33940**

Mailing Address
**203-225 8TH AVE. SOUTH
NAPLES FL 33940**

3. Date Incorporated or Qualified **12/17/1965** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1583708		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Zip				
30	Country						

9. Name and Address of Current Registered Agent

**EDGAR, BARBARA
6101 14TH AVE. SW
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, CLIFFORD		1.2 NAME	
STREET ADDRESS	203B 8TH AVE S		1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL		1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENYUS, ZOLTON		2.2 NAME	
STREET ADDRESS	209B 8TH AVE S		2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL		2.4 CITY - ST - ZIP	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, ROBERT		3.2 NAME	SLAGER, JOHN
STREET ADDRESS	213-A 8TH AVE SOUTH		3.3 STREET ADDRESS	493 8TH AVE S #5
CITY - ST - ZIP	NAPLES FL		3.4 CITY - ST - ZIP	NAPLES FL 33940
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LEO		4.2 NAME	
STREET ADDRESS	207-A 8TH AVE SOUTH		4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL		4.4 CITY - ST - ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, ROBERT		5.2 NAME	
STREET ADDRESS	219-A 8TH AVENUE, SOUTH		5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL		5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert W. Koll* **TREASURER** **4/4/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)