

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90107 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710065**

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
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21 Principal Place of Business	2a. Mailing Address 6101 14TH AVE SW	3. Date Incorporated or Qualified 12/17/1965
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1583708
23 City & State	28 NAPLES FL	Applied For Not Applicable
24 Zip 34102	25 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29 Zip 34114-481530	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRINCE, CLIFFORD	
STREET ADDRESS	203B 8TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BENYUS, ZOLTON	
STREET ADDRESS	209B 8TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SLAGER, JOHN	
STREET ADDRESS	493 8TH AVE S #5	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICCARDELLI, PETER	
STREET ADDRESS	217 A 8TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEO, JOANNE	
STREET ADDRESS	205-B 8TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIANE FISHER	
2.3 STREET ADDRESS	223B 8TH AVE S	
2.4 CITY-ST-ZIP	NAPLES FL 34102	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES HEATHER	
3.3 STREET ADDRESS	219B 8TH AVE S	
3.4 CITY-ST-ZIP	NAPLES FL 34102	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEFF COLLIGNON	
4.3 STREET ADDRESS	211A 8TH AVE S	
4.4 CITY-ST-ZIP	NAPLES FL 34102	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Clifford Prince* SIGNATURE REQUIRED CLIFFORD PRINCE 4/26/99 941-455-1685  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)