

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:13

DOCUMENT # 717844 (5)
1. Corporation Name
MODEL VILLAGE UNIT ONE, INC.

Principal Place of Business
1152 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

Mailing Address
1152 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1970	3a. Date of Last Report 02/01/1994
4. FEI Number 59-1595673	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BINNS, BRIGITTE
1152 BALD EAGLE DR A-8
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name WESTLUND, PHYLLIS
82 Street Address (P.O. Box Number is Not Acceptable)
1150 BALD EAGLE DR #B-3
83
84 City MARCO ISLAND FL 85 Zip Code 33937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Phyllis S. Westlund* 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BINNS, BRIGITTE
STREET ADDRESS	1152 BALD EAGLE DR A-8
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	TD
NAME	WESTLUND, PHYLLIS
STREET ADDRESS	1150 BALD EAGLE DR #B3
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	DVP
NAME	HJORTLAND, DONALD
STREET ADDRESS	5105 NEWPORT DR.
CITY-ST-ZIP	ROLLING MEADOWS IL
TITLE	PD
NAME	BUEHLER, FRANK
STREET ADDRESS	180 E. PARK AVE. 2C
CITY-ST-ZIP	ELMHURST IL
TITLE	SD
NAME	KERBS, MARY L.
STREET ADDRESS	1146 BALD EAGLE DR. D-4
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	HJORTLAND, DONALD	
1.3 STREET ADDRESS	5105 NEWPORT DR	
1.4 CITY-ST-ZIP	ROLLING MEADOWS IL	
2.1 TITLE	DVP	☒ Change ☐ Addition
2.2 NAME	KERBS, MARY L.	
2.3 STREET ADDRESS	1146 BALD EAGLE DR. D-4	
2.4 CITY-ST-ZIP	MARCO ISLAND FL 33937	
3.1 TITLE	DT	☐ Change ☐ Addition
3.2 NAME	WESTLUND, PHYLLIS	
3.3 STREET ADDRESS	1150 BALD EAGLE DR B-3	
3.4 CITY-ST-ZIP	MARCO ISLAND FL 33937	
4.1 TITLE	DS	☐ Change ☒ Addition
4.2 NAME	MALONEY ROSEMARY	
4.3 STREET ADDRESS	1146 BALD EAGLE DR	
4.4 CITY-ST-ZIP	MARCO ISLAND FL D-11 33937	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	JOCKE, ANDREW W.	
5.3 STREET ADDRESS	8708 LINDBERGH BLVD	
5.4 CITY-ST-ZIP	OLMSTED FALLS, OHIO 44138	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis S. Westlund* 1/24/95 813-394-6770
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR