

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90026 005 ****61.25

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DOCUMENT # 717844

1. Corporation Name

MODEL VILLAGE UNIT ONE, INC.

Principal Place of Business

1150 BALD EAGLE DR #B-3
MARCO ISLAND FL 34145
US

Mailing Address

1152 BALD EAGLE DRIVE
MARCO ISLAND FL 33937



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/07/1970

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

9. Name and Address of Current Registered Agent

WESTLUND, MILTON
1150 BALD EAGLE DR #B-3
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Milton A. Westlund
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-17-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HJORTLAND, DONALD
STREET ADDRESS 5105 NEWPORT DR
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE DP ☐ DELETE
NAME WESTLUND, MILTON
STREET ADDRESS 1150 BALD EAGLE DR #B-3
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ DELETE
NAME MULLIN, PAT
STREET ADDRESS 201 SCHILLER ST
CITY-ST-ZIP ELMHURST IL 60126

TITLE DVT ☐ DELETE
NAME JOCKE, ANDREW
STREET ADDRESS 8708 LINBERG BLVD.
CITY-ST-ZIP OLMS TED FALLS OH

TITLE DS ☒ DELETE
NAME MALONEY, ROSEMARY
STREET ADDRESS 1146 BALD EAGLE DR D-11
CITY-ST-ZIP MARCO ISLAND FL

TITLE DS ☐ DELETE
NAME RALPH SCUMACCI
STREET ADDRESS P.O. Box 734 1177 DELTA DR
CITY-ST-ZIP ELGIN IL 60123
BLOOMINGDALE IL 60017

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Milton A. Westlund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

Daytime Phone #

CR2E037 (11/98)