FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **724554** **(1)**

1. Corporation Name

MONTEGO MANOR, INC.

Principal Place of Business	Mailing Address
4100 CORPORATE SQ STE 157 NAPLES FL 33942 US	4100 CORPORATE SQ STE 157 NAPLES FL 33942 US

3. Date Incorporated or Qualified: **10/17/1972**

3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27

City & State — 23 — City & State — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: **59-1468064** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHINN, BUTCH R.A.
4100 CORPORATE SQ
STE 157
NAPLES FL 33942

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 617.0502, Florida Statutes.

SIGNATURE _____ DATE 2-23-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	11 TITLE	TD	☐ Change ☒ Addition
NAME	WELCH, LEE		12 NAME	JOHNSON, RON	
STREET ADDRESS	215 CYPRESS WAY E #B1		13 STREET ADDRESS	215 CYPRESS WAY E #A1	
CITY-ST-ZIP	NAPLES, FLORIDA 00000		14 CITY-ST-ZIP	NAPLES FL 33942	
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	FATOUT, ROBERT		22 NAME		
STREET ADDRESS	215 CYPRESS WAY E #02		23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE	SD	☒ Change ☐ Addition
NAME	YOERGE, FRED		32 NAME	YOERGES, FRED	
STREET ADDRESS	215 CYPRESS WAY #D9		33 STREET ADDRESS	215 CYPRESS WAY E #D9	
CITY-ST-ZIP	NAPLES FL 33942		34 CITY-ST-ZIP	NAPLES FL 33942	
TITLE	VPD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, JIM		42 NAME		
STREET ADDRESS	215 CYPRESS WAY E #C8		43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME	HEUCHLING, FRED		52 NAME	MICHAEL, RUTH	
STREET ADDRESS	215 CYPRESS WAY E C-5		53 STREET ADDRESS	215 CYPRESS WAY E #C5	
CITY-ST-ZIP	NAPLES FL		54 CITY-ST-ZIP	NAPLES FL 33942	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: _____ 2-23-96 941-643-0650

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

R.A. BUTCH CHINN