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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34104-4704~~ ~~US~~

3. Date Incorporated or Qualified: **10/17/1972**
3a. Date of Last Report: **02/29/1996**

2. Principal Place of Business (21–24)
Street #, etc.: Property Management 265 Airport Road South
City & State: Naples FL 34104
Zip / Country:

2a. Mailing Address (26–30)
Street #, etc.: Property Management 265 Airport Road South
City & State: Naples FL 34104
Zip / Country:

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): Property Management 265 Airport Road South
83
84 City: Naples FL 34104 — 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: Herb Soloman Herb Soloman ASSOCIATION MGR. DATE: 4/14/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RON		1.2 NAME		
STREET ADDRESS	215 CYPRESS WAY E #A1		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FLORIDA 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FATOUT, ROBERT		2.2 NAME		
STREET ADDRESS	215 CYPRESS WAY E #02		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YOERGES, FRED		3.2 NAME		
STREET ADDRESS	215 CYPRESS WAY #D9		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JIM		4.2 NAME		
STREET ADDRESS	215 CYPRESS WAY E #C8		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MICHAEL, RUTH		5.2 NAME	JUDY GILBERT	
STREET ADDRESS	215 CYPRESS WAY E C-5		5.3 STREET ADDRESS	215 CYPRESS WAY EAST D10	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES, FL. 34110	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED — 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059191