

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 # **741043** (4)

1. Corporation Name

SAYANA OF SANIBEL, INC.



Principal Place of Business

**11595 KELLY RD.
FORT MYERS FL 33908
US**

Mailing Address

**11595 KELLY RD.
FT MYERS FL 33908
US**

3. Date Incorporated or Qualified
12/13/1977

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **12661 New Brittany Blvd.**

26 **12661 New Brittany Blvd.**

4. FEI Number
59-1978253

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State

City & State

23 **Fort Myers, FL**

28 **Fort Myers, FL**

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

Zip

Country

Zip

Country

24 **33907**

25 **USA**

29 **33907**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENKE, CAROL J
11595 KELLY RD.
FT MYERS FL 33908**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

12661 New Brittany Blvd.

B3

B4

City **Fort Myers**

FL

B5

Zip Code **33907**

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

Carol J Henke

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

2/21/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HOLMER, CAROL	
STREET ADDRESS	13120 38TH AVENUE N	
CITY - ST - ZIP	COLUMBUS OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RADEFELD, CAROL	
STREET ADDRESS	5419 ROSECLIFF DR	
CITY - ST - ZIP	LORAIN OH	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LOE, JOAN	
STREET ADDRESS	2815 MEDICINE RIDGE RD	
CITY - ST - ZIP	PLYMOUTH MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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:

Carol J Henke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 1996 (116) **282-8002**

Date

Daytime Phone #

CR2E037 (12/95)