

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:14

DOCUMENT # 719151 (3)

1. Corporation Name

SUNSET HOUSE NORTH APARTMENTS OF MARCO ISLAND, I
NC.

Principal Place of Business

Mailing Address

240 SEAVIEW COURT
MARCO ISLAND FL 33937

240 SEAVIEW COURT
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/18/1970

3a. Date of Last Report
03/16/1994

4. FEI Number
59-1318900

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. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLAND, CHESTER
240 SEAVIEW COURT #104
MARCO ISLAND FL 33937

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HUGHES, EDWARD
STREET ADDRESS	2357 US 31 NORTH
CITY-ST-ZIP	TRAVERSE CITY MI
TITLE	DV
NAME	MACINNIS, DANIEL
STREET ADDRESS	81 SHELL AVENUE
CITY-ST-ZIP	MILFORD CT
TITLE	SD
NAME	VERWYS, MELVIN
STREET ADDRESS	2105 RAYBROOK, S.E., #5039
CITY-ST-ZIP	GRAND RAPIDS MI
TITLE	D
NAME	GIONFRIDDO, HENRY
STREET ADDRESS	100 BROOKSIDE DR
CITY-ST-ZIP	W HARTFORD CT
TITLE	T
NAME	PICKUP, ROBERT
STREET ADDRESS	240 SEAVIEW CT
CITY-ST-ZIP	MARCO ISLAND, FL 00000
TITLE	D
NAME	MCFADDEN, DANIEL
STREET ADDRESS	10 CRESTLINE CIR
CITY-ST-ZIP	DANVER MA

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #