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Jan 31 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 # **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 34145-3105

3. Date Incorporated or Qualified: 08/18/1970
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

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

9. Name and Address of Current Registered Agent

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

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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	HUGHES, EDWARD		1.2 NAME	William Kaat	
STREET ADDRESS	2357 US 31 NORTH		1.3 STREET ADDRESS	4296 Indian Springs	
CITY-ST-ZIP	TRAVERSE CITY MI		1.4 CITY-ST-ZIP	Grandville, MI 49418	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	CANDITO, KENNETH		2.2 NAME		
STREET ADDRESS	34 CENTRAL STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	W BOYLSTON MA		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	VERWYS, MELVIN		3.2 NAME	Carl DeVree	
STREET ADDRESS	2105 RAYBROOK, S.E., #5039		3.3 STREET ADDRESS	4253 Red Bush Drive	
CITY-ST-ZIP	GRAND RAPIDS MI		3.4 CITY-ST-ZIP	Grandville, MI 49418	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GIONFRIDDO, HENRY		4.2 NAME		
STREET ADDRESS	100 BROOKSIDE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	W HARTFORD CT		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PICKUP, ROBERT		5.2 NAME		
STREET ADDRESS	240 SEAVIEW CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 00000		5.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	6.1 TITLE	Director	☐ Change ☐ Addition
NAME	MCFADDEN, DANIEL		6.2 NAME	Paul Bertram	
STREET ADDRESS	10 CRESTLINE CIR		6.3 STREET ADDRESS	412 Third Street	
CITY-ST-ZIP	DANVER MA		6.4 CITY-ST-ZIP	Marietta, OH 45750	

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 1 1/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060544