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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33937

3. Date Incorporated or Qualified: 08/18/1970

4. FEI Number: 59-1318900 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KAAT, WILLIAM		1.2 NAME		
STREET ADDRESS	4296 INDIAN SPRINGS		1.3 STREET ADDRESS		
CITY-ST-ZIP	GRANDVILLE MI		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ 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	S	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	DEVREE, CARL		3.2 NAME	Devree, Carl	
STREET ADDRESS	4253 RED BUSH DR		3.3 STREET ADDRESS	4253 Red Bush Dr	
CITY-ST-ZIP	GRANDVILLE MI		3.4 CITY-ST-ZIP	Grandville, MI	
TITLE	D	☒ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	GIONFRIDDO, HENRY		4.2 NAME	Carl Prins	
STREET ADDRESS	100 BROOKSIDE DR		4.3 STREET ADDRESS	6304 Springmont Dr	
CITY-ST-ZIP	W HARTFORD CT		4.4 CITY-ST-ZIP	Hudsonville, MI 49426	
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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERTRAM, PAUL		6.2 NAME		
STREET ADDRESS	412 THIRD ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA OH		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: William Kaat 1/20/98 941-394-7391