FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90102 024 ****61.25

0065029

DOCUMENT # 719151

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

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

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

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

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

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

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: RICHARD C. DITTMAN

82 Street Address (P.O. Box Number is Not Acceptable): 240 SEAVIEW COURT # 104

83

84 City: Marco Island FL 85 Zip Code: 33937

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: William Kaat 1-12-99
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	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	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DEVREE, CARL		3.2 NAME		
STREET ADDRESS	4253 RED RUSH DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRANDWILLE MI		3.4 CITY-ST-ZIP	GRANDVILLE, MI	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRINS, CARL		4.2 NAME		
STREET ADDRESS	6304 SPRINGMONT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSONVILLE MI		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERTRAM, PAUL		5.2 NAME		
STREET ADDRESS	412 THIRD ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA OH		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: William Kaat SIGNATURE REQUIRED 1-12-99 941-394-7391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #