

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

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**95 MAY - 1 PM 3:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra G. Matham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 723184 (8)**

1. Corporation Name  
**THE ISLAND MANOR APARTMENTS OF MARCO ISLAND, INC**

Principal Place of Business Mailing Address

**87 N. COLLIER BLVD MARCO ISLAND FL 33937**

**87 N. COLLIER BLVD MARCO ISLAND FL 33937**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 City & State 28 City & State

24 City & State 25 City & State 29 City & State 30 City & State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/17/1972** 3a. Date of Last Report **02/22/1994**

4. FEI Number **59-1508704** 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

**WISEMAN, TAMELA EADY  
ALLEN, KNUDSEN, DEBOEST, EDWARDS & ROBERTS  
2150 GOODLETTE RD., SUITE 305  
NAPLES FL 33940**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYPEK, MARY	2. NAME	
STREET ADDRESS	186 ASHLEY AVE.	3. STREET ADDRESS	<b>40000 14783 14</b>
CITY - ST - ZIP	W SPRINGFIELD MA	4. CITY - ST - ZIP	<b>-05/08/85 --01023 --014</b>
TITLE	PD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, ARNOLD L.	22. NAME	
STREET ADDRESS	87 N. COLLIER BLVD.	23. STREET ADDRESS	<b>****130.00 ****130.00</b>
CITY - ST - ZIP	MARCO ISLAND FL	24. CITY - ST - ZIP	
TITLE	VPD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESAU, DONALD	32. NAME	
STREET ADDRESS	87 N. COLLIER BLVD. #C-1	33. STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	34. CITY - ST - ZIP	
TITLE	TD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DONALD	42. NAME	
STREET ADDRESS	87 N. COLLIER BLVD.	43. STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	44. CITY - ST - ZIP	
TITLE	SD	51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLEN CATHERINE	52. NAME	<b>WILL BARBARA</b>
STREET ADDRESS	50 GLENBROOK RD. #12-C	53. STREET ADDRESS	<b>P.O. Box 36 N2</b>
CITY - ST - ZIP	STAMFORD CT	54. CITY - ST - ZIP	<b>LEC, MA 01238</b>
TITLE	D	61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CHULER, RONALD</del> <i>Francis McCarty</i>	62. NAME	<b>CHAMBERS, RONALD</b>
STREET ADDRESS	87 N. COLLIER BLVD.	63. STREET ADDRESS	<b>87 N COLLIER BLVD</b>
CITY - ST - ZIP	MARCO ISLAND FL	64. CITY - ST - ZIP	<b>MARCO ISLAND FL 33937</b>

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 110.07(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

*4/5/95* *813/394-3346*