

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **723184 (8)**  
1. Corporation Name  
**THE ISLAND MANOR APARTMENTS OF MARCO ISLAND, INC**



Principal Place of Business: **87 N. COLLIER BLVD MARCO ISLAND FL 33937**  
Mailing Address: **87 N. COLLIER BLVD MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified: **04/17/1972**  
3a. Date of Last Report: **05/01/1995**

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)

4. FEI Number: **59-1508704**  
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: **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 (83) (84) City (85) Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>SD</b>	NAME: <b>SYPEK, MARY</b>	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: <b>186 ASHLEY AVE.</b>	CITY-ST-ZIP: <b>W SPRINGFIELD MA</b>	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: <b>VPD</b>	NAME: <b>WYNN, ARNOLD L.</b>	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: <b>87 N. COLLIER BLVD.</b>	CITY-ST-ZIP: <b>MARCO ISLAND FL</b>	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: <b>VPD</b>	NAME: <b>CHAMBERS, RONALD</b>	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: <b>87 N. COLLIER BLVD.</b>	CITY-ST-ZIP: <b>MARCO ISLAND FL 33937</b>	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: <b>TD</b>	NAME: <b>THOMAS, DONALD</b>	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: <b>87 N. COLLIER BLVD.</b>	CITY-ST-ZIP: <b>MARCO ISLAND FL</b>	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <b>SD</b>	NAME: <b>HILL, BARBARA</b>	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: <b>P.O. BOX 36 -N/A</b>	CITY-ST-ZIP: <b>LEE MA 01238</b>	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: <b>VPD</b>	NAME: <b>SHULER, RONALD</b>	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: <b>87 N. COLLIER BLVD.</b>	CITY-ST-ZIP: <b>MARCO ISLAND FL</b>	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:
		7.1 TITLE:	7.2 NAME:
		7.3 STREET ADDRESS:	7.4 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]* 2/20/96 (941) 394-3346  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)