

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

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

*5121 Castello Dr.
Suite 1*

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

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYPEK, MARY	1.2 NAME	
STREET ADDRESS	186 ASHLEY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W SPRINGFIELD MA	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, ARNOLD L.	2.2 NAME	Wynn, Arnold L.
STREET ADDRESS	87 N. COLLIER BLVD. #7	2.3 STREET ADDRESS	1149 Bond Ct.
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	Marco Island, FL 33937
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, RONALD	3.2 NAME	chambers, Ronald
STREET ADDRESS	87 N. COLLIER BLVD. #8	3.3 STREET ADDRESS	1100 S. Collier Blvd. # 721
CITY-ST-ZIP	MARCO ISLAND FL 33937	3.4 CITY-ST-ZIP	Marco Island, FL 33937
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DONALD # K-9	4.2 NAME	
STREET ADDRESS	87 N. COLLIER BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BARBARA	5.2 NAME	
STREET ADDRESS	P.O. BOX 36 -N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEE MA 01238	5.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHULER, RONALD	6.2 NAME	McCarty, Francis
STREET ADDRESS	87 N. COLLIER BLVD.	6.3 STREET ADDRESS	87 N. Collier Blvd. #A-7
CITY-ST-ZIP	MARCO ISLAND FL	6.4 CITY-ST-ZIP	Marco Island, FL 33937

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (941) 394-3346

CR2E037 (12/95)