

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 34145-3712 |
|--|---|



| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/17/1972 | | 3a. Date of Last Report 04/09/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-1508704 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WISEMAN, TAMELA EADY ALLEN, KNUDSEN, DEBOEST, EDWARDS & ROBERTS- 5121 CASTELLO DR, STE 1 NAPLES FL 33940 <i>DeBoest, Knudsen, Stockman & Wiseman, P.A.</i> | | | | 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 checked="" type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | WYNN, ARNOLD L. | | | 2.2 NAME | VPD | | |
| STREET ADDRESS | 1149 BOND COURT | | | 2.3 STREET ADDRESS | Siano, Philip | | |
| CITY-ST-ZIP | MARCO ISLAND FL | | | 2.4 CITY-ST-ZIP | 87 N. Collier Blvd #J-5 Marco Island, FL 34145 | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHAMBERS, RONALD | | | 3.2 NAME | | | |
| STREET ADDRESS | 1100 S COLLIER BLVD, #721 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MARCO ISLAND FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | THOMAS, DONALD | | | 4.2 NAME | | | |
| STREET ADDRESS | 87 N COLLIER BLVD, #K-9 | | | 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 | PO BOX 36 | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LEE MA | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCCARTY, FRANCIS | | | 6.2 NAME | | | |
| STREET ADDRESS | 87 N COLLIER BLVD, #A-7 | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MARCO ISLAND FL | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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:

Ronald Thomas

4-7-97

CR2E037 (9/96)