

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723184 (8)**  
1. Corporation Name  
**THE ISLAND MANOR APARTMENTS OF MARCO ISLAND, INC**



Principal Place of Business <b>87 N. COLLIER BLVD MARCO ISLAND FL 33937</b>	Mailing Address <b>87 N. COLLIER BLVD MARCO ISLAND FL 34145-3712</b>
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3. Date Incorporated or Qualified <b>04/17/1972</b>	3a. Date of Last Report <b>04/09/1996</b>
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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
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4. FEI Number <b>59-1508704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**WISEMAN, TAMELA EADY  
ALLEN, KNUDSEN, DEBOEST, EDWARDS & ROBERTS-  
5121 CASTELLO DR, STE 1  
NAPLES FL 33940  
*DeBoest, Knudsen, Stockman & Wiseman, P.A.***

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>SYPEK, MARY</b>	
STREET ADDRESS	<b>188 ASHLEY AVE.</b>	
CITY-ST-ZIP	<b>W SPRINGFIELD MA</b>	
TITLE	<b>VPO</b>	<input checked="" type="checkbox"/>
NAME	<b>WYNN, ARNOLD L.</b>	
STREET ADDRESS	<b>1149 BOND COURT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>CHAMBERS, RONALD</b>	
STREET ADDRESS	<b>1100 S COLLIER BLVD, #721</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>THOMAS, DONALD</b>	
STREET ADDRESS	<b>87 N COLLIER BLVD, #K-9</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>HILL, BARBARA</b>	
STREET ADDRESS	<b>PO BOX 36</b>	
CITY-ST-ZIP	<b>LEE MA</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/>
NAME	<b>MCCARTY, FRANCIS</b>	
STREET ADDRESS	<b>87 N COLLIER BLVD, #A-7</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>VPO</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Siano, Philip</b>		
2.3 STREET ADDRESS	<b>87 N. Collier Blvd #J-5</b>		
2.4 CITY-ST-ZIP	<b>Marco Island, FL 34145</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)