

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723184

1. Corporation Name

THE ISLAND MANOR APARTMENTS OF MARCO ISLAND, INC

Principal Place of Business

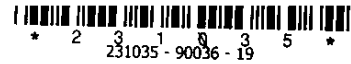
87 N. COLLIER BLVD  
MARCO ISLAND FL 33937

Mailing Address

87 N. COLLIER BLVD  
MARCO ISLAND FL 33937

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90036 019 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/17/1972

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

9. Name and Address of Current Registered Agent

WISEMAN, TAMELA EADY  
DEBOEST, KNUDSEN, STOCKMAN & WISEMAN, PA  
5121 CASTELLO DR, STE 4  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600 Fifth Ave. South

83 Suite 301

84 City Naples

FL

85 Zip Code 34102

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

TITLE SD  
NAME SYPEK, MARY  
STREET ADDRESS 186 ASHLEY AVE.  
CITY-ST-ZIP W SPRINGFIELD MA  DELETE

TITLE D  
NAME SIANO, PHILIP  
STREET ADDRESS 87 N COLLIER BLVD, #1-5  
CITY-ST-ZIP MARCO ISLAND FL  DELETE

TITLE PD  
NAME CHAMBERS, RONALD  
STREET ADDRESS 1100 S COLLIER BLVD, #721  
CITY-ST-ZIP MARCO ISLAND FL  DELETE

TITLE TD  
NAME ESAU, DONALD  
STREET ADDRESS 244 VIA PERIGNAN  
CITY-ST-ZIP NAPLES FL 34119  DELETE

TITLE SD  
NAME HILL, BARBARA  
STREET ADDRESS PO BOX 36  
CITY-ST-ZIP LEE MA  DELETE

TITLE PD  
NAME MCCARTY, FRANCIS  
STREET ADDRESS 87 N COLLIER BLVD, #A-7  
CITY-ST-ZIP MARCO ISLAND FL  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VP  Change  Addition  
2.2 NAME Harold Rooksby  
2.3 STREET ADDRESS 87 N. Collier Unit: M-8  
2.4 CITY-ST-ZIP Marco Island, FL 34145

3.1 TITLE D  Change  Addition  
3.2 NAME Mary Pieczynski  
3.3 STREET ADDRESS 8227 Hohman  
3.4 CITY-ST-ZIP Munster, IN. 46321

4.1 TITLE D  Addition  
4.2 NAME Denis Candlen  
4.3 STREET ADDRESS 212 Manomet Ave  
4.4 CITY-ST-ZIP Manomet, MA 02345

5.1 TITLE VPD  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE PD  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE: FRANK R. MCCARTY

3/9/99 941/394-3346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)