

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723184

1. Entity Name

THE ISLAND MANOR APARTMENTS OF MARCO ISLAND, INC

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90032 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

87 N. COLLIER BLVD  
 MARCO ISLAND FL 33937

87 N. COLLIER BLVD  
 MARCO ISLAND FL 34145-3712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1508704

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMAN, TAMELA EADY  
 600 5TH AVE SOUTH  
 STE 301  
 NAPLES FL 34102

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <del>DIR</del> <input type="checkbox"/> Delete            |
| NAME           | SYPEK, MARY   |
| STREET ADDRESS | 186 ASHLEY AVE.   |
| CITY-ST-ZIP    | W SPRINGFIELD MA  |
| TITLE          | VP <input checked="" type="checkbox"/> Delete             |
| NAME           | ROOKSBY, HORALD   |
| STREET ADDRESS | 87 N COLLIER BLVD, #15                                    |
| CITY-ST-ZIP    | MARCO ISLAND FL   |
| TITLE          | D <del>SECRETARY</del> <input type="checkbox"/> Delete    |
| NAME           | PIECZYNSKI, MARY  |
| STREET ADDRESS | 8227 HOHMAN   |
| CITY-ST-ZIP    | MUNSTER IN  |
| TITLE          | <del>DIR</del> <input checked="" type="checkbox"/> Delete |
| NAME           | ESAU, DONALD  |
| STREET ADDRESS | 244 VIA PERIGNAN  |
| CITY-ST-ZIP    | NAPLES FL 34119   |
| TITLE          | <del>DIR</del> TREAS <input type="checkbox"/> Delete      |
| NAME           | HILL, BARBARA   |
| STREET ADDRESS | PO BOX 36   |
| CITY-ST-ZIP    | LEE MA  |
| TITLE          | PD <input type="checkbox"/> Delete                        |
| NAME           | MCCARTY, FRANCIS  |
| STREET ADDRESS | 87 N COLLIER BLVD, #A-7                                   |
| CITY-ST-ZIP    | MARCO ISLAND FL   |

|                |  |
|----------------|--|
| TITLE          | DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| NAME           | DENIS P. CANDLEN   |
| STREET ADDRESS | 212 Manomet Ave  |
| CITY-ST-ZIP    | Manomet, MA 02345  |
| TITLE          | 2nd VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME           | Victor J. Cypkes   |
| STREET ADDRESS | 14 Charter Oaks Dr.  |
| CITY-ST-ZIP    | Pittsford, NY 14534  |
| TITLE          | ASS. SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | James Thornton   |
| STREET ADDRESS | 7655 Arbor Lakes Ct #2213  |
| CITY-ST-ZIP    | Naples, FL 34112   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (Barbara M. Hill)

SIGNATURE: *Barbara M. Hill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 941/394-3346  
 Date Daytime Phone #

CR2E037 (9/99)