

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/2/01

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90108 027 \*\*\*\*61.25

**DOCUMENT # 723184**

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
 Zip: Country

4. FEI Number: **59-1508704**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WISEMAN, TAMELA EADY**  
**600 5TH AVE SOUTH**  
**STE 301**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent  
 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	
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>SYPEK, MARY</b> STREET ADDRESS: <b>186 ASHLEY AVE.</b> CITY-ST-ZIP: <b>W SPRINGFIELD MA</b>
TITLE: <b>VP</b> <input type="checkbox"/> Delete	NAME: <b>CANDLEN, DENIS P</b> STREET ADDRESS: <b>212 MANOMET AVE</b> CITY-ST-ZIP: <b>MANOMET MA 02345</b> <i>Vice PRESIDENT</i>
TITLE: <b>DS</b> <input type="checkbox"/> Delete	NAME: <b>PIECZYNSKI, MARY</b> STREET ADDRESS: <b>8227 HOHMAN</b> CITY-ST-ZIP: <b>MUNSTER IN</b> <i>DIRECTOR/SECRETARY</i>
TITLE: <b>CYPHER, VICTOR J</b> <input type="checkbox"/> Delete	STREET ADDRESS: <b>14 CHARTER OAKS DR</b> CITY-ST-ZIP: <b>PITTSFORD NY 14534</b>
TITLE: <b>HILL, BARBARA</b> <input type="checkbox"/> Delete	STREET ADDRESS: <b>PO BOX 36</b> CITY-ST-ZIP: <b>LEE MA</b>
TITLE: <b>PD</b> <input type="checkbox"/> Delete	NAME: <b>MCCARTY, FRANCIS</b> STREET ADDRESS: <b>87 N COLLIER BLVD, #A-7</b> CITY-ST-ZIP: <b>MARCO ISLAND FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>Jim McCrew</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>87 N Collier Blvd N2</b> STREET ADDRESS: <b>Marco ISL FL 34145</b> CITY-ST-ZIP: <b>DIRECTOR</b>
TITLE: <b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>TREASURER</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>DIRECTOR</b>
TITLE: <b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>PRESIDENT</b>

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.

SIGNATURE: Francis C. McCarty Date: 2/22/01 (941) 642-8626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRED37 (10/00)