

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 01, 2002 8:00 am
Secretary of State

03-14-2002 90054 047 ****61.25

DOCUMENT # 723184

1. Entity Name

THE ISLAND MANOR APARTMENTS OF MARCO ISLAND, INC

Principal Place of Business

Mailing Address

**87 N. COLLIER BLVD.
 MARCO ISLAND FL 33937**

**87 N. COLLIER BLVD
 MARCO ISLAND FL 33937**

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

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 **D** Delete
 NAME **MCCREW, JIM**
 STREET ADDRESS **87 N COLLIER BLVD N 2**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D Ed Trainor** Change Addition
 NAME **87 N. Collier Blvd**
 STREET ADDRESS **Marco Isl. FL**
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **CANDLEN, DENIS P**
 STREET ADDRESS **212 MANOMET AVE**
 CITY-ST-ZIP **MANOMET MA 02345**

TITLE **P** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **PIECZYNSKI, MARY**
 STREET ADDRESS **8227 HOHMAN**
 CITY-ST-ZIP **MUNSTER IN**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **CYPHER, VICTOR J**
 STREET ADDRESS **14 CHARTER OAKS DR**
 CITY-ST-ZIP **PITTSFORD NY 14534**

TITLE **D Phyllis Keitpatrick** Change Addition
 NAME **87 N. Collier Blvd**
 STREET ADDRESS **Marco FL 34145**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HILL, BARBARA**
 STREET ADDRESS **PO BOX 36**
 CITY-ST-ZIP **LEE MA**

TITLE **DS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **TDAL Saunders** Change Addition
 NAME **87 N. Collier Blvd**
 STREET ADDRESS **Marco FL 34145**
 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.

SIGNATURE:

Francis J. Saunders
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 4/12/02 941-394-3346

CR2E037 (9/01)