
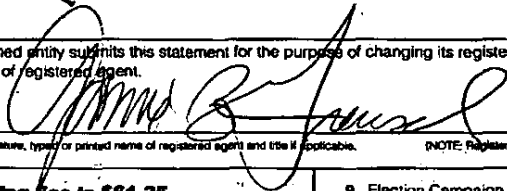
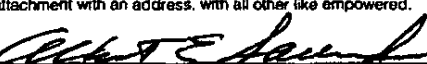


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-12-2004 90309 039 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETERS, DEBBIE MARCO ISLAND PROPERTY MGT 847 N COLLIER BLVD MARCO ISLAND, FL 34145		Name JAMIE GREUSEL	
		Street Address (P.O. Box Number is Not Acceptable) 1104 N. COLLIER BLVD.	
		City MARCO ISLAND FL Zip Code 34145	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 5-7-04	
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D. TRAINOR, ED <input checked="" type="checkbox"/> Delete	TITLE	TD THOMAS HARRINGTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	87 N. COLLIER BLVD.	NAME	87 N. COLLIER BLVD
STREET ADDRESS	MARCO ISLAND, FL 34145	STREET ADDRESS	MARCO ISLAND, FL 34145
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD ANDERSON, MARCENE <input type="checkbox"/> Delete	TITLE	D ANDERSON, MARCENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	87 N COLLIER BLVD	NAME	
STREET ADDRESS	MARCO ISLAND, FL 34145	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D PIECZYNSKI, MARY <input type="checkbox"/> Delete	TITLE	VP PIECZYNSKI, MARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8227 HOHMAN	NAME	
STREET ADDRESS	MUNSTER, IN	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AS KIRKPATRICK, PHYLLIS <input type="checkbox"/> Delete	TITLE	VP JAMES THORNTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	87 N. COLLIER BLVD.	NAME	87 N. COLLIER BLVD
STREET ADDRESS	MARCO ISLAND, FL 34145	STREET ADDRESS	MARCO ISLAND, FL 34145
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD HILL, BARBARA <input type="checkbox"/> Delete	TITLE	
NAME	PO BOX 36	NAME	
STREET ADDRESS	LEE, MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD SAUNDERS, AL <input type="checkbox"/> Delete	TITLE	
NAME	87 N. COLLIER BLVD.	NAME	
STREET ADDRESS	MARCO ISLAND, FL 34145	STREET ADDRESS	
CITY-ST-ZIP		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 		PRESIDENT 4/7/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66420887



04032004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1508704 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$81.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP	
TITLE	TD ANDERSON, MARCENE <input type="checkbox"/> Delete
NAME	87 N COLLIER BLVD
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CITY-ST-ZIP	
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NAME	8227 HOHMAN
STREET ADDRESS	MUNSTER, IN
CITY-ST-ZIP	
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NAME	87 N. COLLIER BLVD.
STREET ADDRESS	MARCO ISLAND, FL 34145
CITY-ST-ZIP	
TITLE	SD HILL, BARBARA <input type="checkbox"/> Delete
NAME	PO BOX 36
STREET ADDRESS	LEE, MA
CITY-ST-ZIP	
TITLE	PD SAUNDERS, AL <input type="checkbox"/> Delete
NAME	87 N. COLLIER BLVD.
STREET ADDRESS	MARCO ISLAND, FL 34145
CITY-ST-ZIP	

TITLE	TD THOMAS HARRINGTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	87 N. COLLIER BLVD
STREET ADDRESS	MARCO ISLAND, FL 34145
CITY-ST-ZIP	
TITLE	D ANDERSON, MARCENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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SIGNATURE  PRESIDENT 4/7/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #