2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 723184



FILED

Entity Name		
he island manor apart	MENTS OF MARCO ISLAND, INC	
incipal Place of Business	Mailing Address	

	03 NOT-FOR-PR NIFORM BUSIN			Ma	ar 17, 20	603 8:00	0 am 🖁
DOCU 1. Entity Nar	IMENT # 723184			, S	ecretary 03-17-2003 9109:	oi Sta	ic
Principal Place of Business 87 N. COLLIER BLVD MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 MARCO ISLAND FL 33937							
2. Principal I	Place of Business	3. Mailing Address					
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.		* /h	i _	CHECK HERE IF MAK	(ING CHANGES	
City & Sta	City & State City & State			4. FEI Number 59-1508704 Applied For Not Applicable			
Zip	Country-≼	Zip	- Country:	5. Certificate of S		\$8.75 Addit	
	6. Name and Address of Curren	t Registered Agent	Name (7. Name and Address of New Registered Agent			
WISEMAN, TAMELA EADY 600 5TH AVE SOUTH STE 301 NAPLES FL 34102			Street Address City	Debbie Peters Adaps (P.D. Box Number is Not gentlet Profesty Mgt. MARIO ISTANDE BLUE. MARIO TELONO FL Zip Gode			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: Re 9. Election Campa Trust Fund Con	· -	\$5.00 May Be Added to Fees		eck Payable to	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	L ES TO OFFICERS AND	DIRECTORS IN 1	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINAR, ED 87 N. COLLIER BLVD. MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAINOA	, ED	Change	□ Addition □ 23.7 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANDLEN, DENIS P 212 MANOMET AVE MANOMET MA 02345	Delete	NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	EASURE ARCENE NCOLLIER TELANO	R DIR. ANDERSO BLVD FL 34145	□ Change	CR2E031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIECZYNSKI, MARY 8227 HOHMAN MUNSTER IN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPARTRICK, PHYLLIS 87 N. COLLIER BLVD. MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SISTANT	SECRETAR	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, BARBARA PO BOX 36 LEE MA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAUNDERS, AL 87 N. COLLIER BLVD. MARCO ISLAND FL 34145	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition

12. I hereby certify that the information supplied with this filling 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: