FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

741043

(4)

SAYANA OF SANIBEL, INC.

Principal Place of Business

Mailing Address

12661 NEW BRITTANY BLVD FORT MYERS FL 33907

12661 NEW BRITTANY BLVD FT MYERS FL 33907

FILED
Apr 22 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

10/10/1077

US		US .		12/10/19/1			
				4. FEI Number		A	pplied For
				<u>59-1978253</u>		N	lot Applicable
o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US		% Marquis Management, Inc. 9400 Gladiolus Drive #100		. Certificate of Status Desired			Additional equired
				Election Campaign Financing		\$5.00	May Be
1 011 141	yers, Fl. 33908 US	Fort Myers, Fl.	211 800EE	Trust Fund Contribution		Added t	o Fees
23		1 021 112,015, 1 1.	22,00 05	. Is this nonprofit corporation a h		rs associatio	n?
Zıp	Country	zıbı	Country	8. This corporation owes or has pa	aid the cu	rrent vear In	tangible
24	25	29 3	0	Personal Property Tax due June		_	⊒ No
	9. Name and Address of Curre	int Registered Agent		10. Name and Address of New Re	gistered	Agent	
			⁸¹ Stilphe	n, Peter	_		
STILPHEN, PETER				is Management, Inc.	_		
MARQUIS MANAGEMENT INC.							
	NEW BRITTANY BLVD.		103.	iladiolus Drive #100	-	**	
	RS FL 33907		Fort M	lyers, FL 33908 US	_		
	10 12 00001		84	•	i	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508. Florida Statutes	the above-named con	poration submits this statement for the	OUTDOED O	d shanaina i	to registered
office or r	egistered agent, or both, in the Stat	e of Florida Such change was aut	horized by the corpora	poration submits this statement for the patients of directors. I hereby acce	pt the apr	ointment as	registered
	m tarnilar with, and accept the obli	gations of, Section 617,0503, Flore	da Statutes.				
SIGNATURE	Styriature, typind or printed name of registered a	port and tile if a she ship. (AIOTE I	Registered Agent signature requi	food when relatively	D.170		
12.	OFFICERS AL	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTOR	0C IN 10
TITLE	VSD	DELETE	1.1 TUTLE	ADDITIONS/CHANGES TO OFFIC	JENO ANL	Change	Addition
NAME	HOLMER, CAROL	Cina Dece io	12 NAME			L.J Grange	☐ Addition
STREET ADDRESS	13120 38TH AVENUE N						
	PLYMOUTH MN		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	PD PD	DELETE	1.4 CITY-ST-ZIP			TT 2:	
			2.1 TITLE			Change	
NAME	RADEFELD, CAROL		2.2 NAME				
STREET ADDRESS	5419 ROSECLIFF DR		2.3 STREET ADDRESS				
CITY ST 7IP	LORAIN OH	- I priett	2. 4 CITY - ST - ZIP			· — — — — — — — — — — — — — — — — — — —	
TITLE	VTD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	LOE, JOAN		3.2 NAME				
STREET ADDRESS	2815 MEDICINE RIDGE RD		3.3 STREE1 ADDRESS				
CITY-ST-ZIP	MINNEAPOLIS MN		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	41 TIFLE			Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME		}	5.2 NAME				
STREET ACIDRESS			5.3 STREET ADDRESS				
CITY-ST-7IP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6 1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
44 1 1			- 1 0111 U1 EII				

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

(and Radefied

april 9, 1998 (440) 282-8002