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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741043

1. Corporation Name
SAYANA OF SANIBEL, INC.

Principal Place of Business C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 FORT MYERS FL 33908 US	Mailing Address C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 FT MYERS FL 33908 US
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2. Principal Place of Business 21 40 Heritage Resorts Mgmt, Inc Suite, Apt. #, etc.	2a. Mailing Address 26 40 Heritage Resorts Mgmt, Inc Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/13/1977
22 1200 Periwinkle Way, Suite 2 City & State	27 1200 Periwinkle Way, Suite 2 City & State	4. FEI Number 59-1978253
23 Sanibel FL Zip Country 24 33957 25 USA	28 Sanibel FL Zip Country 29 33957 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE #100
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name Peter Stilphen - Heritage Resorts Mgmt, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1200 Periwinkle Way
83 Suite 2
84 City Sanibel
85 Zip Code FL 33957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HOLMER, CAROL	
STREET ADDRESS	13120 38TH AVENUE N	
CITY-ST-ZIP	PLYMOUTH MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RADEFELD, CAROL	
STREET ADDRESS	5419 ROSECLIFF DR	
CITY-ST-ZIP	LORAIN OH	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	LOE, JOAN	
STREET ADDRESS	2815 MEDICINE RIDGE RD	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PD WALTER, BILL
4.3 STREET ADDRESS	4802 NICOLLET AVENUE
4.4 CITY-ST-ZIP	MINNEAPOLIS MN 55409
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Stilphen Peter **SIGNATURE REQUIRED** 2/26/99 612 823 6275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)