

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741043

1. Entity Name

SAYANA OF SANIBEL, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90121 028 ****61.25

Principal Place of Business

1200 PERWINKLE WAY STE 2
 SANIBEL FL 33957
 US

Mailing Address

1200 PERWINKLE WAY STE 2
 SANIBEL FL 33957-4704
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1978253

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STILPHEN, PETER
 1200 PERWINKLE WAY STE 2
 SANIBEL FL 33957

Name

Carol Pappas

Street Address (P.O. Box Number is Not Acceptable)

Heritage Association Management, Inc.

1200 Periwinkle Way, Suite 2

City

Sanibel

FL

Zip Code

33957

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

Carol Pappas

Carol Pappas

2-29-00

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: VSD Delete
 NAME: HOLMER, CAROL
 STREET ADDRESS: 13120 38TH AVENUE N
 CITY-ST-ZIP: PLYMOUTH MN

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: RADEFELD, CAROL
 STREET ADDRESS: 5419 ROSECLIFF DR
 CITY-ST-ZIP: LORAIN OH

TITLE: VDT Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: PD Delete
 NAME: WALTER, BILL
 STREET ADDRESS: 4802 NICOLLET AVE S
 CITY-ST-ZIP: MINNEAPOLIS MN 55409

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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)(l), 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:

Bill Walter
 BILL WALTER

2/25/00

612 823 6275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ext 14

CR2E037 (9/99)