

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Morris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 752072**

1. Corporation Name

**SUNCOAST APARTMENTS OF NAPLES, INC.**

Principal Place of Business  
382 5TH AVENUE SOUTH  
NAPLES FL 34102

Mailing Address  
382 5TH AVENUE SOUTH  
NAPLES FL 34102

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90023 006 \*\*\*\*61.25

560438 - 90067 - 3 8 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/17/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1985902	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				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				10. Name and Address of New Registered Agent			
TODD, GUDRUN R 382 5TH AVENUE SOUTH NAPLES FL 34102				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD NAME TODD, GUDRUN R STREET ADDRESS 382 5TH AVENUE SOUTH CITY-ST-ZIP NAPLES FL 34102				1.1 TITLE STD 1.2 NAME Elfriede Boschmann 1.3 STREET ADDRESS 600 E. Lake Dr. 1.4 CITY-ST-ZIP Naples, FL 34102			
TITLE VPD NAME GUINHER, MALCOLM STREET ADDRESS P.O. BOX 242, N/A CITY-ST-ZIP WAUKESHA WI 53187				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE STD NAME IVEY, DIANE STREET ADDRESS 382 5TH AVENUE SOUTH CITY-ST-ZIP NAPLES FL 34102				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.R. TODD

4/20/99 (941) 261-0808

Date

Daytime Phone #

CR2E037 (1/98)