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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # N93000002849 (8)**

1. Corporation Name  
**THE NELSEN RESIDENCE, INC.**

Principal Place of Business Mailing Address

**2307 SE 15TH PLACE  
CAPE CORAL FL 33990**      **2307 SE 15TH PLACE  
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified **06/21/1983**      3a. Date of Last Report **04/01/1994**

4. FEI Number **65-0443152**      Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**NELSEN, ELEANOR M  
2307 SE 15TH PLACE  
CAPE CORAL FL 33990**

*Same*

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Eleanor M. Nelson* **1/25/95**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>NELSEN, ELEANOR M</b>
STREET ADDRESS	<b>2307 SE 15TH PLACE</b>
CITY - ST - ZIP	<b>CAPE CORAL FL 33990</b>
TITLE	<b>D</b>
NAME	<b>FIGURSKI, WANDA</b>
STREET ADDRESS	<b>1415 SE 29TH ST</b>
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b>
NAME	<b>FIGURSKI, MITCHELL</b>
STREET ADDRESS	<b>1415 SE 29TH ST</b>
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b>
NAME	<b>REBAR, MARION</b>
STREET ADDRESS	<b>910 SE 43RD TERR</b>
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b>
NAME	<b>SALOME, HELEN</b>
STREET ADDRESS	<b>1001 SE 43RD TERR</b>
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	

*2A*

*2-14*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eleanor M. Nelson* **2/3/95** **4584229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR