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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000002849

1. Corporation Name

THE NELSEN RESIDENCE, INC.

Principal Place of Business

2307 SE 15TH PLACE  
CAPE CORAL FL 33990

Mailing Address

2307 SE 15TH PLACE  
CAPE CORAL FL 33990



*The Nelsen Residence INC 2307 SE*

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/21/1993

21 15th Place

26

4. FEI Number

Applied For

65-0443152

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Cape Coral Fl.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 33990 USA

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Same

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

83

84 City

FL

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 Eleanor M. Nelsen

3/12/99

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 D  DELETE

NAME NELSEN, ELEANOR M  
STREET ADDRESS 2307 SE 15TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33990

1.1 TITLE  Change  Addition

TITLE D  DELETE

NAME FIGURSKI, WANDA  
STREET ADDRESS 1415 SE 29TH ST  
CITY-ST-ZIP CAPE CORAL FL 33904

2.1 TITLE  Change  Addition

TITLE D  DELETE

NAME FIGURSKI, MITCHELL  
STREET ADDRESS 1415 SE 29TH ST  
CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE  Change  Addition

TITLE D  DELETE

NAME REBAR, MARION  
STREET ADDRESS 910 SE 43RD TERR  
CITY-ST-ZIP CAPE CORAL FL 33904

4.1 TITLE  Change  Addition

TITLE D  DELETE

NAME SALOME, HELEN  
STREET ADDRESS 1001 SE 43RD TERR  
CITY-ST-ZIP CAPE CORAL FL 33904

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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: Eleanor M. Nelsen

3/12/99 941-458-4229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)