

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90276 017 ****61.25

03260926

DOCUMENT # N93000002849

1. Entity Name
THE NELSEN RESIDENCE, INC.



Principal Place of Business
**2315
2307 SE 15TH PLACE
CAPE CORAL FL 33990**

Mailing Address
**2315 S.E. 15TH PLACE
CAPE CORAL FL 33990**

2. Principal Place of Business
2315 S.E. 15th Place

3. Mailing Address
2315 S.E. 15th Place

Suite, Apt. #, etc.
Office

City & State
Cape Coral, Fl.

City & State

Zip
33990

Country
USA

Zip

Country

4. FEI Number **65-0443152**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

Eleanor M. Nelsen

SIGNATURE _____ DATE _____

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	NELSEN, ELEANOR M
STREET ADDRESS	2307 SE 15TH PLACE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> Delete
NAME	SIKORSKI, LESZEK
STREET ADDRESS	211 W CHARLOTTE AVE
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D <input type="checkbox"/> Delete
NAME	FIGURSKI, WANDA
STREET ADDRESS	1415 S.E. 29TH ST.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D <input type="checkbox"/> Delete
NAME	FIGURSKI, MITCHELL
STREET ADDRESS	1415 S.E. 29TH ST
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D <input type="checkbox"/> Delete
NAME	MANN, ROBERT
STREET ADDRESS	2315 SE 15TH PALCE, UNIT 5
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> Delete
NAME	ELLIS, JAMES
STREET ADDRESS	2315 SE 15TH PLACE, UNIT 6
CITY-ST-ZIP	CAPE CORAL FL 33990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelsen, Eleanor M.
STREET ADDRESS	2315 S.E. 15th Place
CITY-ST-ZIP	Cape Coral, Fl. 33990
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sikorski, Leszek
STREET ADDRESS	Studying at Fordham UN.
CITY-ST-ZIP	N.Y. N.Y. 10010-6463
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Figurski, Wanda
STREET ADDRESS	1415 S.E. 29th St.
CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Figurski, Mitchell
STREET ADDRESS	1415 S.E. 29th St.
CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Briggs
STREET ADDRESS	2315 S.E. 15th Place Unit 13
CITY-ST-ZIP	Cape Coral, Fl. 33990
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellis James
STREET ADDRESS	2315 S.E. 15th Place Unit 6
CITY-ST-ZIP	Cape Coral, Fl. 33990

12. 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 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: Eleanor M. Nelsen April 11, 03 2394584229

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

CR2E037 (10/02)