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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002925 (6)**

1. Corporation Name

NOEL HOUSE, INC.

Principal Place of Business

Mailing Address

**4824 PORPOISE DRIVE
SARASOTA FL 34231
US**

**2999 S TAMAMI TRAIL
SARASOTA FL 34239
US**

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

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25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

65-0448523

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**SULLIVAN, JOHN E JR
4824 PORPOISE DR.
SARASOTA FL 34231**

81 Name **Sullivan, John E. Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)
1852 Hillview St. #308

83

84 City **Sarasota**

FL **34239**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN E JR.	
STREET ADDRESS	1852 HILLVIEW ST., #308	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SPANGLER, DOUGLAS E	
STREET ADDRESS	1620 MAIN ST., SUITE 3	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIHALEY, LORI-NAN	
STREET ADDRESS	2999 S. TAMAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOOR, MARGAUET REV.	
STREET ADDRESS	4824 PORPOISE DR.	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, SUSAN	
STREET ADDRESS	1852 HILLVIEW ST., #308	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alden, Meigs	
2.3 STREET ADDRESS	4363 Pasadena Circle	
2.4 CITY-ST-ZIP	Sarasota, FL 34233	

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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alden, Alana	
4.3 STREET ADDRESS	4363 Pasadena Circle	
4.4 CITY-ST-ZIP	Sarasota, FL 34233	

5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sullivan, Susan	
5.3 STREET ADDRESS	1852 Hillview St. #308	
5.4 CITY-ST-ZIP	Sarasota, FL 34239	

6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Haeffner, Gussy	
6.3 STREET ADDRESS	4825 Waterbridge Down	
6.4 CITY-ST-ZIP	Sarasota, FL 34235	

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.

SIGNATURE:

SIGNATURE REQUIRED

4/20/98

941-365-7370

CR2E037 (10/97)