FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCU 1. Corporation	MENT # N9600	00005038 (2	2)			
SENIORNET, INC.						
Principal Plac	ce of Business	Mailing Address				
2265 FIRST S1	TREET	2285 FIRST STREET			3. Date Incorporated or Qualified	
FT. MYERS FL	. 33901	FT. MYERS FL 33901			09/30/1996	
					4. FEI Number Applied For	
	 				59-1854441 Not Applicat	
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22					Trust Fund Contribution	
City & Stat	l 0	City & State		7. Is this nonprofit corporation a homeowners association		
Zip	Country	Zip	Country			
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
			81	Name		
WHITE,	TERRY		62	Street A	ddress (P.O. Box Number is Not Acceptable)	
	rst street					
FT. MYE	ERS FL 33901		83			
			84	City	■ 85 Zip Code	
74.6					PL I I	
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat	x02 and 617.1508, Florida Stat te of Florida. Such change wa:	lutes, the above s authorized by	-named c the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
ägent. I a	im familiar with, and accept the obli	gations of, Section 617.0503, I	Florida Statutes		, , , , ,	
SIGNATURE	Signature, typed or printed name of registered a	pent and little if englicable. (N	OTE: Registered Ager	nt signature re	equired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	■ DELETE	1.1 TITLE		STULTS MARY DIEGETOR Change Additi	
NAME	VANN, ANNA		1.2 NAME			
STREET ADDRESS	2160 CHANNEL WAY		1.3 STREET	address	768 TROPICAL CIRCLE	
CITY-ST-ZIP	NO FT. MYERS FL		1.4 CITY-\$1	- ZIP	SARASOTA, FL 34243	
TITLE	D	DELETE	2.1 TITLE	ŀ	Change Additi	
NAME	MOTT, JAMES L.		2.2 NAME			
STREET ADDRESS	6777 WINKLER RD. FT. Myers Fl.		2.3 STREET .	1		
CITY-ST-ZIP	D D	☐ DELETE	2. 4 CITY - S	I-ZIP	Change Additi	
NAME	FERRELL, MARY ALICE	I-1 Percell	3.2 NAME			
STREET ADDRESS	1038 S. OSPREY AVE.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-S	1		
TITLE	O	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	FALLERT, HELEN		4. 2 NAME	ļ		
STREET ADDRESS	5099 FAIRFIELD DRIVE		4.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Additi	
NAME			5.2 NAME	<u> </u>		
STREET ADDRESS			5.3 STREET	- 1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	- ZIP	Change Addition	
NAME		□ orrest	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	400002430964 PE -02/16/9801012028 PE	
CITY-ST-ZIP			6.4 CITY-ST	- 1	***70.00	
			= v-1 VO (" U)			

14. I hereby certify that the information supplied with this filling 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 eceiver 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 chapter, or on an attachment with an address.

SIGNATURE:

1-22-98

(941) 332-4233

FILED

Feb 12 1998 8:00am

Secretary of State