

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90231 009 ***150.00

DOCUMENT # P00000042784

1. Entity Name
SENIOR ISLAND ESTATES, INC.



Principal Place of Business
**356 NASSAU CT
MARCO ISLAND, FL 34145**

Mailing Address
**39 W. PELICAN ST
NAPLES, FL 34113**

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2. Principal Place of Business

3. Mailing Address

2556 Peake Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102005

Chg-P

CR2E034 (10/03)

City & State

City & State

North Port, FL

4. FEI Number
65-1017196

Applied For
Not Applicable

Zip

Country

Zip

34286

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUEGEL, CARLENE
356 NASSAU CT
MARCO ISLAND, FL 34145**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HUEGEL, CARLENE**
STREET ADDRESS **278 CAPRI BLVD., ISLE OF CAPRI**
CITY-ST-ZIP **NAPLES, FL 34113**

☒ Change ☐ Addition
TITLE **D** ☐ Delete
NAME **HUEGEL, CARLENE**
STREET ADDRESS **2556 Peake Street**
CITY-ST-ZIP **North Port, FL 34286**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 607, 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:

Carlene Huegel

Date

Daytime Phone #