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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000027026 (9)**

1. Corporation Name
ASHBROOK MANOR, INC.

Principal Place of Business	Mailing Address
1500 COLONIAL BLVD FT MYERS FL 33907	1500 COLONIAL BLVD FT MYERS FL 33907-1016

3. Date Incorporated or Qualified: 03/27/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 801 97th Avenue N.
22 Suite, Apt. #, etc.
23 City & State: Naples, FL
24 Zip: 34108
25 Country: USA
Collier

2a. Mailing Address
26 801 97th Avenue N.
27 Suite, Apt. #, etc.
28 City & State: Naples, FL
29 Zip: 34108
30 Country: USA
Collier

4. FEI Number: 65-0666198 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MILLIGAN, JOHN P JR
1500 COLONIAL BLVD
FT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name: Sara J. Steiner
82 Street Address (P.O. Box Number is Not Acceptable): 801 97th Avenue North
83
84 City: Naples FL 85 Zip Code: 34108

11. Pursuant to the provisions of Sections 607.1502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sara J. Steiner — Sara J. Steiner (Signature, typed or printed name of registered agent and title if applicable) — (If not Registered Agent signature required when reinstating) — 3.7.97 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	STEINER, MARK		1.2 NAME	Steiner, Mark R.	
STREET ADDRESS	2540 S RITTER AVE		1.3 STREET ADDRESS	801 97th Avenue North	
CITY-ST-ZIP	INDIANAPOLIS IN 46229		1.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE	VTD	☐ DELETE	2.1 TITLE	VTD	☑ Change ☐ Addition
NAME	STEINER, SARA		2.2 NAME	Steiner, Sara J.	
STREET ADDRESS	22540 S RITTER AVE		2.3 STREET ADDRESS	801 97th Avenue North	
CITY-ST-ZIP	INDIANAPOLIS FL 46229		2.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara J. Steiner — Sara J. Steiner — 3.07.97 — (941)514-4686