

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 08 1996 8:00 am  
Secretary of State

DOCUMENT # **V41954** (1)

1. Corporation Name  
**LIFESTYLE REALTY OF MYERLEE MANOR, INC.**



Principal Place of Business  
**1499 BRANDYWINE CIRCLE  
FORT MYERS FL 33919**

Mailing Address  
**1499 BRANDYWINE CIRCLE  
FORT MYERS FL 33919**

3. Date Incorporated or Qualified <b>06/05/1992</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FEI Number <b>65-0338937</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**NOWORYTA HENRY J  
1499 BRANDYWINE CIR  
FORT MYERS FL 33919**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when first filing.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	WHITLEY BERTRAM F	<input type="checkbox"/> DELETE
NAME		1499 BRANDYWINE CIR #217	
STREET ADDRESS		FORT MYERS FL	
CITY-STATE-ZIP			
TITLE	D	HUVAERE, KATHY	<input type="checkbox"/> DELETE
NAME		1499 BRANDYWINE CIRCLE	
STREET ADDRESS		FORT MYERS FL	
CITY-STATE-ZIP			
TITLE	D	ROHR, ROBERT	<input type="checkbox"/> DELETE
NAME		1499 BRANDYWINE CIRCLE	
STREET ADDRESS		FORT MYERS FL	
CITY-STATE-ZIP			
TITLE	D	DAVIES ESTELLE C	<input checked="" type="checkbox"/> DELETE
NAME		1499 BRANDYWINE CIR #218	
STREET ADDRESS		FORT MYERS FL	
CITY-STATE-ZIP			
TITLE	D	BRANTLEY, JR. D E	<input checked="" type="checkbox"/> DELETE
NAME		1499 BRANDYWINE CIR #401	
STREET ADDRESS		FORT MYERS FL	
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	SOLOW ROSE B.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		1499 BRANDYWINE CIR #214	
3. STREET ADDRESS		FORT MYERS FL	
4. CITY-STATE-ZIP			
5. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kathryn J. Huvaere Kathryn J. Huvaere  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

941-433-0477

CR2E034 (12/95)