

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:48

DOCUMENT # N41025 (0)

1. Corporation Name

MV MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1801 GLENGARY STREET
SARASOTA FL 34231-3603

1801 GLENGARY STREET
SARASOTA FL 34231-3603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1990** 3a. Date of Last Report **04/04/1994**

4. FEI Number **65-0242431** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 192.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3603**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CARLSON, RICHARD
STREET ADDRESS	7328 REGINA ROYALE BLVD
CITY - ST - ZIP	SARASOTA FL
TITLE	VD
NAME	O'GORMAN, JAMES R.
STREET ADDRESS	7328 REGINA ROYALE BLVD
CITY - ST - ZIP	SARASOTA FL
TITLE	AT
NAME	CLARK, PAUL R JR.
STREET ADDRESS	1801 GLENGARY ST
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	RYAN, JAN
STREET ADDRESS	7328 REGINA ROYALE BLVD
CITY - ST - ZIP	SARASOTA FL
TITLE	TD
NAME	VACCARO, CAROL
STREET ADDRESS	7328 REGINA ROYALE BLVD
CITY - ST - ZIP	SARASOTA FL
TITLE	AS
NAME	CLARK, P. RICHARD
STREET ADDRESS	1801 GLENGARY STREET
CITY - ST - ZIP	SARASOTA FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SEE ATTACHED

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Richard Clark
P. Richard Clark

3/9/95 813-921-5393
Date Initials Phone #

MVM**MV Management, Inc.**

N41025

Manager TEAM Local Address

P/D Mr. Richard D. Carlson
7326 Regina Royale Blvd.
Sarasota, FL 34238

S/D Mrs. Carol E. Vaccaro
7326 Regina Royale Blvd.
Sarasota, FL 34238

T/D Mr. Ron Hartman
7349 Regina Royale
Sarasota, FL 34238

D Mr. Eugene Haggard
7329 Regina Royale Blvd.
Sarasota, FL 34238

D Mr. Ron Stone
7326 Regina Royale Blvd.
Sarasota, FL 34238

A/S P. Richard Clark
1801 Glengary Street
Sarasota, FL

A/T Paul R. Clark, Jr.
1801 Glengary Street
Sarasota, FL