


**FILE NOW: FILING FEE IS \$61.25**

1-2

• NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41025 (0)**

1. Corporation Name  
**MV MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business <b>1801 GLENGARY STREET SARASOTA FL 34231-3603</b>	Mailing Address <b>1801 GLENGARY STREET SARASOTA FL 34231-3603</b>
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<b>21</b> 2. Principal Place of Business	<b>22</b> Suite, Apt. #, etc.	<b>23</b> City & State	<b>24</b> Zip	<b>25</b> Country	<b>26</b> 2a. Mailing Address	<b>27</b> Suite, Apt. #, etc.	<b>28</b> City & State	<b>29</b> Zip	<b>30</b> Country
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<b>3.</b> Date Incorporated or Qualified <b>11/30/1990</b>	<b>3a.</b> Date of Last Report <b>04/12/1995</b>
<b>4.</b> FEI Number <b>65-0242431</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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

**FL**

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CARLSON, RICHARD 7326 REGINA ROYALE BLVD SARASOTA FL	1.1 TITLE <b>500001786585</b> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>-04/19/96--01011--023</b>
STREET ADDRESS		1.3 STREET ADDRESS <b>***61.25</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	VD O'GORMAN, JAMES R. 7326 REGINA ROYALE BLVD SARASOTA FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	AT CLARK, PAUL R JR. 1801 GLENGARY ST SARASOTA FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	SD RYAN, JAN 7326 REGINA ROYALE BLVD SARASOTA FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	TD VACCARO, CAROL 7326 REGINA ROYALE BLVD SARASOTA FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <b>500001786585</b>
STREET ADDRESS		5.3 STREET ADDRESS <b>-04/19/96--01011--023</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>***200.00</b>
TITLE	AS CLARK, P. RICHARD 1801 GLENGARY STREET SARASOTA FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

**SEE ATTACHED**

**4-18-96**  
**1R**

**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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Richard Clark **3/20/96** **941-921-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E037 (12/95)

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**MVM** MV Management, Inc.

Manager	TEAM	Local Address
P/D		Mr. Don Awbrey 7322 Regina Royale Sarasota, FL 34238
VD		Mr. Ron Hartman 7349 Regina Royale Sarasota, FL 34238
S/T/D		Mr. Tom Ward 7521 Regina Royale Sarasota, FL 34238
A/S		P. Richard Clark 1801 Glengary Street Sarasota, FL
A/T		Paul R. Clark, Jr. ✓ 1801 Glengary Street Sarasota, FL