


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1801 GLENGARY STREET SARASOTA FL 34231-3603	Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-3603
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3. Date Incorporated or Qualified 11/30/1990	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0242431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, 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

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWBREY, DON	1.2 NAME	
STREET ADDRESS	7322 REGINA ROYALE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, RON	2.2 NAME	
STREET ADDRESS	7349 REGINA ROYALE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PAUL R JR.	3.2 NAME	
STREET ADDRESS	1801 GLENGARY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RICHARD	4.2 NAME	
STREET ADDRESS	1801 GLENGARY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ward, Tom
STREET ADDRESS		5.3 STREET ADDRESS	7521 Regina Royale
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota FL 34238
TITLE	<input type="checkbox"/> DELETE	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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE: *P. Richard Clark* **P. Richard Clark**
Date: **4/17/97** Daytime Phone # **941/921-5393**

CR2E037 (9/96)

President	Mr. Don Awbrey	STARTDATE	ENDDATE	Local (H)	923-8265
Installed:	<u>Local Address</u>	<u>Alternate Address</u>		Local (W)	
2/19/97	7322 Regina Royale			Alt. (H)	
	Sarasota, FL 34238			Alt. (W)	
				Fax	923-2019
				Birthday	
1 year term - Mara Villa II rep.					

Vice President	Mr. Ron Hartman	STARTDATE	ENDDATE	Local (H)	923-4364
Installed:	<u>Local Address</u>	<u>Alternate Address</u>		Local (W)	
2/19/97	7349 Regina Royale			Alt. (H)	
	Sarasota, FL 34238			Alt. (W)	
				Fax	921-4773
				Birthday	
1 year term - Mara Villa I rep					

Secretary/Treas	Mr. Tom Ward	STARTDATE	ENDDATE	Local (H)	
Installed:	<u>Local Address</u>	<u>Alternate Address</u>		Local (W)	
2/19/97	7521 Regina Royale			Alt. (H)	() -
	Sarasota, FL 34238			Alt. (W)	
				Fax	
				Birthday	
1 yr term - Mara Villa II rep					

Assistant Secy	P. Richard Clark	STARTDATE	ENDDATE	Local (H)	
Installed:	<u>Local Address</u>	<u>Alternate Address</u>		Local (W)	
2/25/93				Alt. (H)	
				Alt. (W)	
				Fax	
				Birthday	

Assistant Treas	Paul R. Clark	Jr.	STARTDATE	ENDDATE	Local (H)
Installed:	<u>Local Address</u>		<u>Alternate Address</u>		Local (W)
2/25/93					Alt. (H)
					Alt. (W)
					Fax
					Birthday