


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90277 002 ****61.25

DOCUMENT # N41025	
1. Entity Name MV MANAGEMENT ASSOCIATION, INC.	

Principal Place of Business 6565 SUPERIOR AVE. SARASOTA, FL 34231 US	Mailing Address 3412 CLARK ROAD PMB #236 SARASOTA, FL 34231-8406 US
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0242431	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE BARLOW GROUP, INC. 6565 SUPERIOR AVE SARASOTA, FL 34231
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

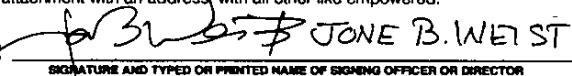
Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, DOROTHY E 3412 CLARK RD. PMB #236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEIST, JONE B 3412 CLARK RD., PMB #236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREDERICK, JOHN B 3412 CLARK RD. PMB #236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLENN, ROBERT C 3412 CLARK ROAD PMB #236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JONE B. WEIST** 04/15/2005 (941) 927-1946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #