
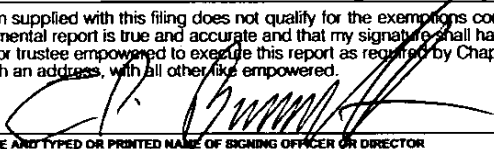


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 006 ****61.25

DOCUMENT # N41025					
1. Entity Name MV MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business 2828 CLARK RD STE. 7 SARASOTA, FL 34231 US			Mailing Address 3412 CLARK ROAD PMB #236 SARASOTA, FL 34231-8406 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0242431	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE BARLOW GROUP, INC. 2828 CLARK RD STE 7 SARASOTA, FL 34231			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, DOROTHY E		NAME	<i>Clare Bennett</i>	
STREET ADDRESS	3412 CLARK RD. PMB #236		STREET ADDRESS	3412 Clark Rd, #236	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIST, JONE B		NAME		
STREET ADDRESS	3412 CLARK RD., PMB #236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DANIEL E		NAME		
STREET ADDRESS	3412 CLARK RD. PMB #236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MICHAEL		NAME		
STREET ADDRESS	3412 CLARK ROAD, PMB #236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					