

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41025

FILED
Apr 29, 2009
Secretary of State

Entity Name: MV MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

2828 CLARK RD
STE. 7
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

3412 CLARK ROAD
PMB #236
SARASOTA, FL 342318406 US

New Mailing Address:

FEI Number: 65-0242431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE BARLOW GROUP, INC.
2828 CLARK RD
STE 7
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAKER, DOROTHY E
Address: 3412 CLARK RD. PMB #236
City-St-Zip: SARASOTA, FL 34231

Title: AS () Delete
Name: BURNETT, CLIVE
Address: 3412 CLARK RD #236
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: SCOTT, DANIEL E
Address: 3412 CLARK RD. PMB #236
City-St-Zip: SARASOTA, FL 34231

Title: STD () Delete
Name: COHEN, MICHAEL
Address: 3412 CLARK ROAD, PMB #236
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIVE BURNETT

AS

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date