


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90174 006 ****61.25

DOCUMENT # N41025

1. Entity Name
MV MANAGEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address

**6565 SUPERIOR AVE.
SARASOTA FL 34231
US**

**3412 CLARK ROAD
PMB #236
SARASOTA FL 34231-8406
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0242431** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THE BARLOW GROUP, INC.
6565 SUPERIOR AVE
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	SOLA, FRANCES C	
STREET ADDRESS	3412 CLARK RD. PMB #236	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WEIST, JONE B	
STREET ADDRESS	3412 CLARK RD., PMB #236	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDERICK, JOHN B	
STREET ADDRESS	3412 CLARK RD. PMB #236	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLENN, ROBERT C	
STREET ADDRESS	3412 CLARK ROAD PMB #236	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, DOROTHY E.	
STREET ADDRESS	3412 Clark Road PMB#236	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** **04/01/2003** **(941) 927-1946**

CR2E037 (10/02)