

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768919

FILED
Mar 06, 2014
Secretary of State
CC1317686655

Entity Name: 4139 MANAGEMENT, INC.

Current Principal Place of Business:

4139 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

4139 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-2334672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOKE, NELSON A
255 MINORCA BEACH WAY STE 405
NEW SMYRNA BEACH, FL 32169 US

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

Officer/Director Detail :

Title P
Name MYRICK, BRUCE
Address P.O. BOX 616278
City-State-Zip: ORLANDO FL 32861

Title VP
Name PAOLONI, CATHI
Address 429 BARCLAY AVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title T
Name BROOKE, NELSON
Address 255 MINORCA BEACH WAY 405
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title S
Name MARKLAND, BRENDA
Address 271 WEST CITRUS STREET
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name HUTCHINS, JOE
Address 16100 SW 87TH AVE
City-State-Zip: MIAMI FL 33157

Title D
Name VOSS, LINDA
Address 4139 S ATLANTIC AVE APT B502
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title D
Name LOCKE, ALAN
Address 5345 S 25TH STREET
City-State-Zip: FT, PIERCE FL 34981

I hereby 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 all other like empowered.

SIGNATURE: NELSON BROOKE

TREASURER

03/06/2014

Electronic Signature of Signing Officer/Director Detail

Date