

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768919

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC0878381310**

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

Title VP  
Name ANNETT, THOMAS  
Address 4139 S. ATLANTIC AVENUE  
B-402  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR  
Name MASAITIS, JACK  
Address 4139 S. ATLANTIC AVENUE  
B-109  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR  
Name BOURLIER, TERRY  
Address 4139 S. ATLANTIC AVENUE  
UNIT A-401  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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 A. BROOKE**

**TREASURER**

**01/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date