

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003574

Entity Name: MAISONETTES SOUTH, INC.**Current Principal Place of Business:**6855 N. OCEAN BOULEVARD
OCEAN RIDGE, FL 33435**Current Mailing Address:**6855 N. OCEAN BOULEVARD
OCEAN RIDGE, FL 33435**FEI Number:** 59-1286294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY, BENJAMIN M III
6855 N OCEAN BOULEVARD
OCEAN RIDGE, FL 33435 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:** BENJAMIN M BAILEY III

04/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STRANGE, THEODORE
Address 6830 N. OCEAN BOULEVARD
City-State-Zip: OCEAN RIDGE FL 33435

Title D
Name O'GRADY, PARTICE
Address 6830 N. OCEAN BOULEVARD
City-State-Zip: OCEAN RIDGE FL 33435

Title PRESIDENT
Name O'CONNOR, JULIA
Address 6830 N OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title S
Name BAILEY , BENJAMIN M III
Address 6855 N. OCEAN BOULEVARD
City-State-Zip: OCEAN RIDGE FL 33435

Title T
Name LINEN, JON
Address 6830 N. OCEAN BOULEVARD
City-State-Zip: OCEAN RIDGE FL 33435

Title D
Name THOMPSON, JERI
Address 6830 N OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

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: BENJAMIN BAILEY**SECRETARY**

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date