2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State
05-23-2008 90020 027 ****61.25

DOCUMENT # 703433

1. Entity Name
MANSION HOUSE INC

Principal Place of Business	Mailing Address
1601 GULF SHORE BLVD N. NAPLES, FL 34102	2335 TAMIAMI TRAIL NORTH STE 505 NAPLES, FL 34103 US

01052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1037458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GULF VIEW PROPERTY MANAGEMENT INC 2335 TAMIAMI TRAIL STE 505 NAPLES, FL 34103	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 _____ DATE
Signature, Name and Title of Registered Agent and Title, if applicable (NOTE: Registered Agent's signature required when changing)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD DUTTON, GRAHAM 1601 GULF SHORE BLVD N #16 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD GALLANT, MARGARET 1601 GULF SHORE BLVD, NAPLES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD LANSING, ALLAN, 1601 GULF SHORE BLVD., N.#13, NAPLES FL 34102 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD JONES, DAVID 1601 GULF SHORE BLVD N #10 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GRIFFIN, JACK, 1601 GULF SHORE BLVD.,N.#13, NAPLES FL 34102 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PARKER, POLLY 1601 GULFSHORE BLVD. N. #17 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGELGAU, IRWIN 2714 AMBERLY RD BLOOMFIELD HILLS, MI 48301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kelly W Parker 04/13/08 239 403 7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #