

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709001

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: THE MANOR, INC.

## Current Principal Place of Business:

2685 HORSESHOE DR.  
#215  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

COASTAL PROERT MGMT. OF SW FL., INC.  
501 GOODLETTE RD. N., STE. C-200  
NAPLES, FL 34102 US

## New Mailing Address:

FEI Number: 59-1160454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COASTAL PROPERT MGMT. OF SW FL., INC.  
501 GOODLETTE RD. N., STE. C-200  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ZAGORIANOS, PHOEBE  
Address: 255 3RD AVE S  
City-St-Zip: NAPELS, FL 34102

Title: T ( ) Delete  
Name: JERVIS, CAROLINE  
Address: 211 3RD AVE S  
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete  
Name: SPRING, KATHRYN  
Address: 38 MANSION WOODS  
City-St-Zip: AGAWAM, MA 01001

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PARMA, SHARON  
Address: 255 3RD AVE S  
City-St-Zip: NAPELS, FL 34102

Title: S (X) Change ( ) Addition  
Name: ZAGORIANOS, ARI  
Address: 211 3RD AVE S  
City-St-Zip: NAPLES, FL 34102

Title: T (X) Change ( ) Addition  
Name: KENT, JOANNE  
Address: 38 MANSION WOODS  
City-St-Zip: AGAWAM, MA 01001

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN S GREEN

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

Date