FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718185 (2)

1. Corporation Name

MARIA MANOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4158 TAMIAMI TRAIL PT. CHARLOTTE FL 33952	4158 TAMIAMI TRAIL PT. CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1970
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1300371 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMITH, HARRY J
4158 TAMIAMI TRAIL, N-2
PT. CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, HARRY J	12 NAME	
STREET ADDRESS	4158 TAMIAMI TRAIL, N2	13 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BLIZNIAK, H. LUCILLE	22 NAME	
STREET ADDRESS	4158 TAMIAMI TRAIL, G6	23 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	ETZWILER, CLAUDE S	32 NAME	MOLINE, FLORENCE E.
STREET ADDRESS	4158 TAMIAMI TR B2	33 STREET ADDRESS	4158 TAMIAMI TRAIL G7
CITY-ST-ZIP	PT. CHARLOTTE FL	34 CITY-ST-ZIP	PT. CHARLOTTE, FL.
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	SHEPHERD, GEORGE	42 NAME	WILLIAMS, CARL E.
STREET ADDRESS	4158 TAMIAMI TR P8	43 STREET ADDRESS	4158 TAMIAMI TRAIL P5
CITY-ST-ZIP	PT. CHARLOTTE FL	44 CITY-ST-ZIP	PT. CHARLOTTE, FL.
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, RAYMOND D	52 NAME	
STREET ADDRESS	4158 TAMIAMI TR K4	53 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HARRY J. SMITH / 2/24/95 1-813-625-2771
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017203