FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

718185

(2)

MARIA MANOR ASSOCIATION, INC.								
Principal Plac	e of Business	Mailing Address			# 166511 1000 11501 10104 11001 10181	i fili dabal blom vieli	. \$18/1 \$1810 \$1801 LEBE	
4158 TAMIAMI TRAIL PT. CHARLOTTE FL 33952 4158 TAMIAMI TRAIL PT. CHARLOTTE FL 33952-92			2236					
				3. Dat	o Incorporated or Qualified 04/13/1970	3a. Date of 04/0	Last Report 01/1996	
	lace of Business	2a. Mailing Address		4. FEI	Number FO 4000074		Applied For	
Suite, Apt	# oto	Suite, Apt. #, etc.			59-1300371		Not Applicable	
22		27		5. Cer	tificate of Status Desired		.75 Additional	
City & State		City & State		6. Elec	tion Campaign Financing	· · · · · · · · · · · · · · · · · · ·	5.00 May Be	
23		28		l l	t Fund Contribution		dded to Fees	
Zip	Country	Zip	Country		corporation has liability for		nder s. 199.032,	
24	9. Name and Address of Curren		30			Yes No		
9d Name					10. Name and Address of New Registered Agent			
MADICON JAMES F				MADIS		E		
	MIAMI TRAIL, N-3	82 Street	Address (P.O. E	Box Number is Not Acceptal	ble) H-3			
PT. CHARLOTTE FL 33952			83					
			64 City	·CHH	RIOTTE	105	Zip Code	
		***	,			FL 85	23962	
11. Pursuant office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statutes of Florida, Such change was au	s, the above-named thorized by the corr	corporation sub	omits this statement for the p	ourpose of chang	ging its registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flori	ida Statutes.	poranon o baare	01 011 0010/01. 1 (10/05) 0000	or nio appointme	in as registered	
SIGNATURE .	Signature, typed or printed name of registered age	ort and tille if environties /MOTE	Registered Agent signature	secured when reiner	stine)	DATE		
12.	OFFICERS ANI		13.		TIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	SAMI		☐ C		
NAME	MADISON, JAMES E		1.2 NAME	27(114	•			
STREET ADDRESS	4158 TAMIAMI TRAIL, H-3		1.3 STREET ADDRESS					
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	⋈ DELETE	1.4 CITY-ST-ZIP		2000			
TITLE NAME	VD Blizniak, H. Lucille	DE OCCCIE	2.1 TITLE	VICE 1	RESIDENT LA FONTA	. (AJE	nange ' L. Addition	
STREET ADDRESS	4158 TAMIAMI TRAIL, G6		2.2 NAME 2.3 STREET ADORESS		TAMIAMI T		-	
CITY-S1-ZIP	PT. CHARLOTTE FL		2.3 STREET ADURESS 2. 4 CHTY-ST-ZIP				952	
TITLE	TD TD	DELETE	3.1 TITLE	SAM				
NAME	MOLINE, FLORENCE E		3.2 NAME	שוייה פ	C			
STREET ADDRESS	4158 TAMIAMI TRAIL G7		3.3 STREET ADDRESS					
CITY-ST-ZIP	PT. CHARLOTTE FL		3.4. CITY-ST-ZIP					
TITLE	D	⋈ DELETE	4.1 TITLE	DIEEC	TOR	Ch	nange 🔲 Addition	
NAME	LA FORNTAINE, LEO		4.2 NAME	HHER	J SMIT	رم. N	-2-	
STREET ADDRESS	4158 TAMIAMI TRAIL, C-5 PT. CHARLOTTE FL 33952		4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	SD SD	⊠ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	SECRE		- 3.5°		
NAME	PULTZ, MIRIAM		5.2 NAME	RAYMO			ALD	
STREET ADDRESS	4158 TAMIAMI TRAIL, M-1		5 3 STREET ADDRESS		TAMIAMI TE			
CITY-ST-ZIP	PT. CHARLOTTE FL 33952		5 4 CITY-ST-ZIP	Pr. C+	IARLOTTE F		95~	
TITLE		☐ DELETE	6.1 TITLE			☐ Ch		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this filing 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.

FILED

Feb 27 1997 8:00am

Secretary of State