2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90659 042 ****61.25

DOCUMENT # 718185

1. Entity Name

MARIA MANOR ASSOCIATION, INC.

54031959

MOORE CR2E037 (11/03)

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1300371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, JAMES L
4158 TAMIAMI TR., N-2
PT. CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name JAMES E. MADISON
Street Address (P.O. Box Number is Not Acceptable) 4158 TAMIAMI TR - C-8
PT. CHARLOTTE FL
City **FL** Zip Code 33952

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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	PD ROBERTS, JAMES E 4158 TAMIAMI TR., N-2 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JAMES E. MADISON 4158 TAMIAMI TR - C-8 PT. CHARLOTTE FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GIANOUTSOS, MIKE 4158 TAMIAMI TRAIL., U-8 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERT BATEMAN 4158 TAMIAMI TR - H-5 PT. CHARLOTTE, FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOLINE, FLORENCE E 4158 TAMIAMI TRAIL G7 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ECKARD, JEAN 4158 TAMIAMI TR M-5 PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GIANOUTSOS, MIKE 4158 TAMIAMI TR., U-8 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MIKE GIANOUTSOS 4158 TAMIAMI TR U-8 PT. CHARLOTTE, FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOLINE, FLORENCE E 4158 TAMIAMI TR., G-7 PORT CHARLOTTE FL 33952	☐ 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 exemption stated in Section 119.07(3)(i), 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: Florence E. Moline (FLORENCE E. MOLINE) 4-09-04 941-625-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #