2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90173 002 ****61.25

DOCUMENT # 718185

1. Entity 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

1st MOORE CR2E037 (10/05)

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

MADISON, JAMES E
4158 TAMIAMI TR- C-8
PT. CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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 Charlotte Muscente - Treasurer 4-14-06
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, 2006

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	P MADISON, JAMES E 4158 TAMIAMI TR- C-8 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Francis, Herb 4158 Tamiami Tr J-8 Port Charlotte, FL 33952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BATEMAN, ROBERT 4158 TAMIAMI TR- H-5 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Wingrove, John 4158 Tamiami Tr G-2 Port Charlotte, FL 33952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIANOUTSOS, MIKE 4158 TAMIAMI TR- U-8 PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clyde Blubaugh 4158 Tamiami TR. U-5 Port Charlotte, FL 33952	☒ 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	S Stockinger, Betty J 4158 Tamiami Tr N-8 Port 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	T Muscente, Charlotte 4158 Tamiami Tr H-4 Port Charlotte, FL 33952	☒ 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 Section 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: Charlotte Muscente - Treasurer 4-14-06 941-625-2771