2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90010 039 ****61.50

DOCUMENT # 718185

1. Entity Name
MARIA MANOR ASSOCIATION, INC.

400340UU

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

02202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
MUSCENTE, CHARLOTTE 4158 TAMIAMI TR- H-4 PT. CHARLOTTE, FL 33952	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 FRANCIS, HERB 4158 TAMIAMI TR., J-8 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Clyde Blubaugh 4158 Tamiami Trl #45 Port Charlotte, FL 33952 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GAY, WILLIE 4158 TAMIAMI TRAIL E-1 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Oscar J. Decker, JR 4158 Tamiami Trl # B6 Port Charlotte, FL 33952 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUBAUGH, CLYDE 4158 TAMIAMI TR., U-5 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ron Hughey 4158 Tamiami Trl # B2 Port Charlotte, FL 33952 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBERTS, JAMES 4158 TAMIAMI TRAIL N-2 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Margaret Swink 621 Trabue Ave Punta Gorda, FL 33950 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MUSCENTS, CHARLOTTE 4158 TAMIAMI TR., H-4 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 Chapter 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: Clyde Blubaugh Jr 2-26-08 941-625-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #