2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 718185

Entity Name: MARIA MANOR ASSOCIATION, INC.

Current Principal Place of Business:

4158 TAMIAMI TRAIL
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

4158 TAMIAMI TRAIL
PT. CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1300371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUSCENTE, CHARLOTTE
4158 TAMIAMI TR- H-4
PT. CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLUBAUGH, CLYDE
Address: 4158 TAMIAMI TRL 445
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Delete
Name: DECKER, ESCAR J JR
Address: 4158 TAMIAMI TRL B1
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: HAGHEY, RON
Address: 4158 TAMIAMI TRL B2
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete
Name: SWINK, MARGARET
Address: 621 TRABUE AVE
City-St-Zip: PORT CHARLOTTE, FL 339520

Title: T ( ) Delete
Name: MUSCENTS, CHARLOTTE
Address: 4158 TAMIAMI TR., H-4
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FRANCIS, HERB
Address: 4158 TAMIAMI TRL J8
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change ( ) Addition
Name: LEDUC, ROBERT
Address: 4158 TAMIAMI TRL E2
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change ( ) Addition
Name: BLUBAUGH, CLYDE
Address: 4158 TAMIAMI TRL U5
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE MUSCENTE T 02/26/2009
Electronic Signature of Signing Officer or Director — Date