

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719499

FILED
Apr 14, 2009
Secretary of State

Entity Name: CENTRAL MANOR APARTMENTS, INC.

Current Principal Place of Business:

136 FAIRVIEW AVE
DAYTONA BEACH, FL 321142120

New Principal Place of Business:

Current Mailing Address:

136 FAIRVIEW AVE
DAYTONA BEACH, FL 321142120

New Mailing Address:

FEI Number: 59-0245600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, ED
136 FAIRVIEW AVE.
DAYTONA BEACH, FL 32114 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: PRES () Delete
Name: SANDERS, ED PRES.
Address: 712 CENTRAL PARK BLVD.
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Delete
Name: MARCHMAN, HAL REV.
Address: 3 GLEN WAY, APT. 110
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: PETTY, MARTIN SECY.
Address: 100 LAUREL VALLEY COURT
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: SCOTT, JAMES TREAS
Address: P.O. BOX 291295
City-St-Zip: PORT ORANGE, FL 321291295

Title: D () Delete
Name: TOZER, AIDEN VP
Address: 21 OAKMONT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANDERS, ED
Address: 712 CENTRAL PARK BLVD.
City-St-Zip: PORT ORANGE, FL 32127

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

Title: S (X) Change () Addition
Name: PETTY, MARTIN
Address: 100 LAUREL VALLEY COURT
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T (X) Change () Addition
Name: SCOTT, JAMES
Address: P.O. BOX 291295
City-St-Zip: PORT ORANGE, FL 321291295

Title: VP (X) Change () Addition
Name: TOZER, AIDEN VP
Address: 21 OAKMONT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Change (X) Addition
Name: GALLMAN, SONNY REV
Address: 217 CHEROKEE ROAD
City-St-Zip: ORMOND BEACH, FL 32174

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: ED SANDERS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date