2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762111

FILED Mar 19, 2009 Secretary of State

Entity Name: THE VAN LEE MANAGEMENT CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1051 OCEAN SHORE BLVD 1051 OCEAN SHORE BLVD

ORMOND BCH, FL 32176 105

ORMOND BCH, FL 32176

Current Mailing Address: New Mailing Address:

1051 OCEAN SHORE BLVD ORMOND BCH, FL 32176 1051 OCEAN SHORE BLVD

ORMOND BCH, FL 32176

FEI Number: 59-2191440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, ROBERT L 1051 OCEAN SHORE BLVD SUITE 105 ORMOND BCH, FL 32176 US

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:

Clarkeria Cinnakura of Davietanad Araut

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 LANNING, MICHAEL
 Name:
 ZANETTI, HENIA

 Address:
 1051 OCEAN SHORE BLVD #1203
 Address:
 1051 OCEAN SHORE BLVD #206

 City-St-Zip:
 ORMOND BEACH, FL 32176
 City-St-Zip:
 ORMOND BEACH, FL 32176

Title: DT () Delete Title: () Change () Addition

 Name:
 BENNETT, MARY
 Name:

 Address:
 1051 OCEAN SHORE BLVD #805
 Address:

 City-St-Zip:
 ORMOND BCH, FL 32176
 City-St-Zip:

Title: DVP () Delete Title: DP (X) Change () Addition

Name: PRICKETT, JOSEPH C Name: PRICKETT, JOSEPH C

 Address:
 1051 OCEAN SHORE BLVD., #1104
 Address:
 1051 OCEAN SHORE BLVD., #1104

 City-St-Zip:
 ORMOND BEACH, FL 32176
 City-St-Zip:
 ORMOND BEACH, FL 32176

Name: WIRTH, JOHN Name: WIRTH, JOHN

Address: 1051 OCEAN SHORE BLVD # 1006 Address: 1051 OCEAN SHORE BLVD # 1006

City-St-Zip: ORMOND BCH, FL 32176 City-St-Zip: ORMOND BCH, FL 32176

 Name:
 NEFF, JAMES
 Name:

 Address:
 9809 NW 59TH TERRACE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32653
 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: RL ALLEN LCAM 03/19/2009