2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00276

FILED May 05, 2009 Secretary of State

Entity Name: BEVERLY HARBORS, II, MANAGEMENT, INC.

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

1300 W. NORTH BLVD LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

1300 W. NORTH BLVD LEESBURG, FL 34748

FEI Number: 59-2591371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GRIZZARD, THOMAS N.

1300 W. NORTH BLVD
LEESBURG, FL 34748 US

GRIZZARD, THOMAS D
1300 W. NORTH BLVD
LEESBURG, FL 34748 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: THOMAS D GRIZZARD 05/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: VPD (X) Change () Addition

Name:MCCORMICK, DANIELName:HAYES, DANIELAddress:909 BEVERLY HARBORS DRIVEAddress:909 BEVERLY HARBORS DRIVE

City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748

Title: 1VP () Delete Title: PD (X) Change () Addition

Name:KENFIELD, CAROLYNName:KENFIELD, CAROLINEAddress:906 NORTH SHORE DRIVEAddress:906 NORTH SHORE DRIVECity-St-Zip:LEESBURG, FL 34748City-St-Zip:LEESBURG, FL 34748

Title: SD () Delete Title: () Change () Addition

 Name:
 HUX, RHODA
 Name:

 Address:
 914 NORTH SHORE DRIVE
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 SNYDER, MICHAEL
 Name:

 Address:
 912 NORTHSHORE DRIVE
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 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: CAROLINE KENFIELD PD 05/05/2009