2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011642

Entity Name: ST. CHARLES PLACE MANOR, INC.

FILED Jan 08, 2009 Secretary of State

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

2001 WEST BLUE HERON BOULEVARD
RIVIERA BEACH, FL 33404

2001 WEST BLUE HERON BLVD
RIVIERA BEACH, FL 33404

Current Mailing Address: New Mailing Address:

2001 WEST BLUE HERON BOULEVARD
RIVIERA BEACH, FL 33404

2001 WEST BLUE HERON BLVD
C/O SUITE 303
RIVIERA BEACH, FL 33404

FEI Number: 59-3793059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MCNAMARA, PATRICK PD
2001 W. BLUE HERON BLVD
718 SW 27TH AVE
WEST PALM BEACH, FL 33404 US

MCNAMARA, PATRICK PD
2001 W. BLUE HERON BLVD
SUITE 304
WEST PALM BEACH, FL 33404 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: PATRICK MCNAMARA 01/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:MCNAMARA, PATRICKName:MCNAMARA, PATRICKAddress:718 S.W. 27TH AVENUEAddress:2001 W BLUE HERON BLVD. #304City-St-Zip:BOYNTON BEACH, FL 33435City-St-Zip:RIVIERA BEACH, FL 33404

 Name:
 WILLIAMS, BRENT
 Name:

 Address:
 636 40TH STREET
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 City-St-Zip:

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

 Name:
 LEVINSON, LEE
 Name:
 LEVINSON, LEE

 Address:
 634 E OCEAN AVE
 Address:
 125 S SWINTON AVEN

 Address:
 634 E OCEAN AVE
 Address:
 125 S SWINTON AVENUE

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:
 DELRAY BEACH, FL 33444

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: PATRICK MCNAMARA PD 01/08/2009