2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08517

FILED Mar 01, 2009 Secretary of State

Entity Name: MAY MANOR MOBILE HOME OWNERS ASSOCIATION, INCORPORATED

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

274 NOBLE CT 335 LISA S

LAKELAND, FL 33815 US LAKELAND, FL 33815 US

Current Mailing Address: New Mailing Address:

274 NOBLE COURT 335 LISA ST

LAKELAND, FL 33815 US LAKELAND, FL 33815 US

FEI Number: 59-2880183 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:

GRANT, JOAN A LEADER, FAITH D 274 NOBLE CT 335 LISA ST.

LAKELAND, FL 33815 US LAKELAND, FL 33815 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: FAITH D, LEADER 03/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 DARCH, EDWARD
 Name:
 PERFETTO, JAMES

 Address:
 331 KEN AVE
 Address:
 446 DAWN ST

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:
 LAKELAND, FL 33815

Title: T () Delete Title: TRES (X) Change () Addition

 Name:
 GRANT, JOAN A
 Name:
 LEADER, FAITH D

 Address:
 274 NOBLE COURT
 Address:
 335 LISA ST

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:
 LAKELAND, FL 33815

Title: S () Delete Title: () Change () Addition Name: BOLANDER, MERD Name:

 Address:
 245 NOBLE AVE.
 Address:

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:

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

 Name:
 GRANT, JOAN A
 Name:
 SIROIS, LINDA

 Address:
 274 NOBLE COURT
 Address:
 348 DAWN ST

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:
 LAKELAND, FL 33815

 Name:
 GARRO, JEANETTE
 Name:
 METCALFE, KIM

 Address:
 352 DAWN STREET
 Address:
 230 BIRD AVE

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:
 LAKELAND, FL 33815

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

 Name:
 Name:
 THOMPSON, JANET

 Address:
 Address:
 323 PEARL

 City-St-Zip:
 City-St-Zip:
 LAKELAND, FL 33815

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: FAITH D. LEADER TREA 03/01/2009

Electronic Signature of Signing Officer or Director

Date