

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08517

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** MAY MANOR MOBILE HOME OWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

347 LISA ST.  
LAKELAND, FL 33815 US

**New Principal Place of Business:**

**Current Mailing Address:**

347 LISA ST.  
LAKELAND, FL 33815 US

**New Mailing Address:**

**FEI Number:** 59-2880183      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PETERSON, FRANCES M  
347 LISA ST.  
LAKELAND, FL 33815 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  
Name: PERFETTO, JAMES  
Address: 446 DAWN ST  
City-St-Zip: LAKELAND, FL 33815

Title: TRES  
Name: DUNSTER, NANCY  
Address: 372 DAWN ST  
City-St-Zip: LAKELAND, FL 33815

Title: S  
Name: PETERSON, FRANCES M  
Address: 347 LISA ST.  
City-St-Zip: LAKELAND, FL 33815

Title: 1 VP  
Name: MIDOLO, SAL  
Address: 319 LISA ST  
City-St-Zip: LAKELAND, FL 33815

Title: D  
Name: ELLIOTT, GARY  
Address: 303 BIRD AVE  
City-St-Zip: LAKELAND, FL 33815

Title: D  
Name: CONNERS, DONALD  
Address: 331 KEN AVE  
City-St-Zip: LAKELAND, FL 33815

I hereby 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 all other like empowered.

SIGNATURE: FRANCES PETERSON

S

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date