
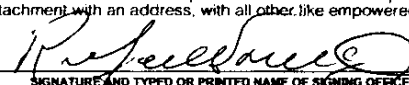


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90074 012 ****61.25

DOCUMENT # N49692 1. Entity Name ST. MARTHA'S HOUSING II, INC.					
Principal Place of Business 800 N LEMON AVE SARASOTA, FL 34236 US			Mailing Address 200 N ORANGE AVE SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03132007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0348215	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIVITO, JOSEPH A 4514 CENTRAL AVE ST PETERSBURG, FL 33711			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STAMPIGLIA, FAUSTO		NAME	Nancy Connors	
STREET ADDRESS	235 ADELIA AVE		STREET ADDRESS	4151 Cascade Falls Dr	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAYLETT, JOHN T		NAME	Charles Margetta	
STREET ADDRESS	7300 QUARTER HORSE RD		STREET ADDRESS	2709 Tanglewood Drive	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURPHY, ANN F		NAME	MARYPAT McNally	
STREET ADDRESS	727 HUDSON AVE., APT. 311		STREET ADDRESS	2924 Longleaf Woods	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAVALLEE, SISTER M. Z		NAME	John McGruder	
STREET ADDRESS	316 TARPON ST		STREET ADDRESS	1937 Datura Street	
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	UNNEVER, JOHN R		NAME		
STREET ADDRESS	4540 BEE RIDGE RD, # 164		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MACAULAY, PATRICK D		NAME		
STREET ADDRESS	988 BLVD OF THE ARTS		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/19/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		