

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90320 049 ****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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																															
City & State Zip Country		City & State Zip Country																																																																																																																																																															
4. FEI Number 65-0348215				Applied For ☐ Not Applicable																																																																																																																																																													
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																													
6. Name and Address of Current Registered Agent DIVITO, JOSEPH A 4514 CENTRAL AVE ST PETERSBURG, FL 33711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																														
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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing)																																																																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																													
Make check payable to Florida Department of State																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> PD STAMPIGLIA, FAUSTO </td> <td style="width: 20%; padding: 2px; text-align: right;"> ☐ Delete </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> 200 N. 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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.																																																																																																																																																																	
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