## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49692

FILED Apr 14, 2009 Secretary of State

Entity Name: ST. MARTHA'S HOUSING II, INC.

Current Principal Place of Business:			New Fillicipal File	New Principal Place of Business:	
	MON AVE TA, FL 34236	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
200 N ORANGE AVE SARASOTA, FL 34236 US			800 N LEMON AVE SARASOTA, FL 34236 US		
FEI Numbei	r: 65-0348215	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
4514 CEN ST PETER			ourpose of changing its regist	ered office or registered agent, or both,	
	te of Florida.				
SIGNATU		ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( ) STAMPIGLIA, F 200 N. ORANG SARASOTA, FL	E AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CONNORS, NA 4151 CASCADE SARASOTA, FL	E FALLS DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MURPHY, ANN 727 HUDSON A	VE., APT. 311	Address: 1937 Da	(X) Change()Addition JDER, JOHN L ATURA STREET OTA, FL 34239	
Title: Name: Address: City-St-Zip:	T ( ) MARGETTA, CH 2709 TANGLEV SARASOTA, FL	VOOD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) MCNALLY, MAF 2924 LONGLEA SARASOTA, FL	AT WOODS	Address: 2924 LG	(X) Change()Addition LY, MARY PAT DNGLEAT WOODS OTA, FL 34235	
Title: Name: Address:	D ( ) MACAULAY, PA 988 BLVD OF T			(X) Change()Addition LAY, PATRICK DEACON VD OF THE ARTS	

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: JOSEPH A. DIVITO RA 04/14/2009