

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011651

FILED  
May 31, 2012  
Secretary of State

Entity Name: MARIAN MANOR, INC.

**Current Principal Place of Business:**

4200 LISTER STREET  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

4200 LISTER STREET  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

FEI Number: 20-2902023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DIVITO, JOSEPH A  
4514 CENTRAL AVE  
ST PETERSBURG, FL 33711 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: D  
Name: SMERYK, VOLODYMYR DR  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: PCD  
Name: ROUTSIS-ARROYO, PETER  
Address: 1000 PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: VPD  
Name: BUSTER, CATHY SISTER  
Address: 420 BEACH ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: STD  
Name: SWEENEY, JIM  
Address: 4616 MACHINAW AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D  
Name: ROMILLO, ANA  
Address: 2120 LUCKY STREET  
City-St-Zip: PORT CHARLOTTE, FL 33988

Title: D  
Name: TYLER, PAT  
Address: 2202 CASEY KEY ROAD  
City-St-Zip: NOKOMIS, FL 34275

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: SISTER CATHY BUSTER

VP

05/31/2012

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

\_\_\_\_\_  
Date