

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005393

Entity Name: MV RESIDENTIAL PROPERTY MANAGEMENT, INC.**Current Principal Place of Business:**9349 WATERSTONE BLVD
CINCINNATI, OH 45249**Current Mailing Address:**9349 WATERSTONE BLVD
CINCINNATI, OH 45249**FEI Number: 31-1395002****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title DIRECTOR
Name GREEN, MICHAEL B
Address 9349 WATERSTONE BLVD
City-State-Zip: CINCINNATI OH 45249

Title PRESIDENT
Name CALLAHAN, TERRANCE S
Address 9349 WATERSTONE BLVD
City-State-Zip: CINCINNATI OH 45249

Title DIRECTOR, VP
Name KRUL II, WILLIAM H
Address 9349 WATERSTONE BLVD
City-State-Zip: CINCINNATI OH 45249

Title DIRECTOR
Name BLAKE, EDWARD J
Address 9349 WATERSTONE BLVD
City-State-Zip: CINCINNATI OH 45249

Title TREASURER
Name MARK, JANE E
Address 137 N MAIN ST
City-State-Zip: DAYTON OH 45402

Title DIRECTOR
Name LIETTE, DAVID R
Address 9349 WATERSTONE BLVD
City-State-Zip: CINCINNATI OH 45249

Title DIRECTOR
Name GOODWIN, JACK H
Address 9349 WATERSTONE BLVD
City-State-Zip: CINCINNATI OH 45249

Title SECRETARY
Name MANGAN, ELIZABETH A
Address 9349 WATERSTONE BLVD
City-State-Zip: CINCINNATI OH 45249

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID R LIETTE**DIRECTOR****04/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date