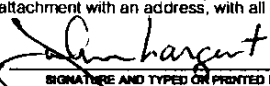


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90032 007 ****61.25

DOCUMENT # 704023 1. Entity Name SOUTH MANASOTA KEY ASSOCIATION, INC.					
Principal Place of Business 30 PEARL ST ENGLEWOOD, FL 34223 US			Mailing Address 30 PEARL ST ENGLEWOOD, FL 34223 US		
2. Principal Place of Business - No P.O. Box # 2810 N Beach Rd		3. Mailing Address 52 Sunrise Dr			
Suite, Apt. #, etc. D-205		Suite, Apt. #, etc.			
City & State ENGLEWOOD FL		City & State ENGLEWOOD FL		4. FEI Number 65-0122140	
Zip 34223		Country Charlotte		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARGENT, JOHN T 52 SUNRISE DR ENGLEWOOD, FL 34223			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 title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PE LARGENT, WAYNE 30 PEARL ST. ENGLEWOOD, FL 34223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STUMP, STEVE 2810 N BEACH RD D-205 ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARROLL, BETTY SUE 3085 BAY OAKS CIRCLE ENGLEWOOD, FL 34223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARGENT, JOHN T 52 SUNRISE DR ENGLEWOOD, FL 34223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, STANLEY 2418 N. BEACH RD ENGLEWOOD, FL 34223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALBERAITH, B J 185 MOCKINGBIRD LANE ENGLEWOOD, FL 34223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT LARGENT, WAYNE 30 PEARL ST ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 		JOHN LARGENT, TREAS.		3/14/07	941-475-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	