2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # 704023

1. Entity Name
SOUTH MANASOTA KEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2810 N BEACH RD D 205 ENGLEWOOD, FL 34223 US	52 SUNRISE DR ENGLEWOOD, FL 34223 US

02252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0122140
☐ Applied For
☐ Not Applicable

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

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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 John T LARGENT John T. Largent 3/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000855594
03/27/08-80053-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STUMP, STEVE
STREET ADDRESS	2810 N BEACH RD D 205
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	S
NAME	CARROLL, BETTY SUE
STREET ADDRESS	3085 BAY OAKS CIRCLE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	T
NAME	LARGENT, JOHN T
STREET ADDRESS	52 SUNRISE DR
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VP
NAME	PARKER, STANLEY
STREET ADDRESS	2418 N. BEACH RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	P
NAME	LARGENT, WAYNE
STREET ADDRESS	30 PEARL ST
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: John T. Largent JOHN T LARGENT 3/10/08 941-475-0451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #