

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90079 010 ****70.00

DOCUMENT # 704638 1. Entity Name MANATEE GLENS CORPORATION					
Principal Place of Business 391 6TH AVENUE W BRADENTON, FL 34205 US			Mailing Address 391 6TH AVENUE W P.O. BOX 9478 BRADENTON, FL 34206-9478 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40003311  01092007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-1009537				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KNOWLES, TIMOTHY A. 1205 MANATEE AVENUE W. BRADENTON, FL 34205			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) DATE					
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	CD SHINGLEDECKER, CONSTANCE K PO BOX 9478 BRADENTON, FL 342069478 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHINGLEDECKER, CONSTANCE K ☒ Change ☐ Addition PO BOX 9478 BRADENTON, FL 342069478		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDERMAN, JAMES F PO BOX 9478 BRADENTON, FL 342069478 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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: <u>John M. Denaro</u> JOHN M. DENARO 1/15/07 (41)782-4299 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

PAGE 2

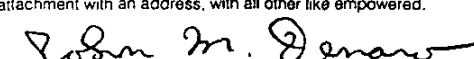
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SIGNATURE: <u>John M. Denaro</u> JOHN M. DENARO 1/15/07 (941) 782-4299					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40003317

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