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Feb 04 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **705431** (5)
1. Corporation Name

MANASOTA KEY ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 343 ENGLEWOOD FL 34295-7343 P O BOX 343 ENGLEWOOD FL 34295-7343

3. Date Incorporated or Qualified

04/28/1950

4. FEI Number

59-2150584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**ROSENBERG, EDWARD
6285 MANASOTA KEY RD
ENGLEWOOD FL FL 34223**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6295 MANASOTA KEY RD.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V**
AZZONI, ALFRED
STREET ADDRESS **7520 MANASOTA KEY RD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE

NAME **D**
MORRISON, H.
STREET ADDRESS **6480 MANASOTA KEY ROAD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE

NAME **P**
FITZPATRICK, T.
STREET ADDRESS **8300 MANASOTA KEY RD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE

NAME **T**
HITCHCOCK, MEACHAM
STREET ADDRESS **7515 MANASOTA KEY RD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE

NAME **D**
BARRACO, BARBARA
STREET ADDRESS **8225 MANASOTA KEY RD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE

NAME **D**
PARKER, JAMES
STREET ADDRESS **6421 MANASOTA KEY RD**
CITY-ST-ZIP **ENGLEWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MEACHAM
HITCHCOCK
1/15/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)