FILE NOW: FILING FEE IS $61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90018 044 ****61.25

0069416

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **705431**

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 04/28/1950

4. FEI Number: 59-2150584 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

ROSENBERG, EDWARD
6295 MANASOTA KEY RD
ENGLEWOOD FL FL 34223

10. Name and Address of New Registered Agent

81 Name

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE P		☒ Change ☐ Addition
NAME	AZZONI, ALFRED		1.2 NAME		
STREET ADDRESS	7520 MANASOTA KEY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE V		☒ Change ☐ Addition
NAME	MORRISON, H.		2.2 NAME		
STREET ADDRESS	6480 MANASOTA KEY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE S	KATHARINE COUCHOT	☐ Change ☒ Addition
NAME	FITZPATRICK. T.		3.2 NAME	6935 MANASOTA KEY ROAD	
STREET ADDRESS	8300 MANASOTA KEY RD		3.3 STREET ADDRESS	ENGLEWOOD, FL	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HITCHCOCK, MEACHAM		4.2 NAME		
STREET ADDRESS	7515 MANASOTA KEY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE D		☐ Change ☒ Addition
NAME	BARRACO, BARBARA		5.2 NAME	HOWARD SOMMER	
STREET ADDRESS	8225 MANASOTA KEY RD		5.3 STREET ADDRESS	8310 MANASOTA KEY RD	
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	☒ DELETE	6.1 TITLE D		☐ Change ☒ Addition
NAME	PARKER, JAMES		6.2 NAME	JACQUELINE Mc CLUNG	
STREET ADDRESS	6421 MANASOTA KEY RD		6.3 STREET ADDRESS	6625 MANASOTA KEY RD	
CITY-ST-ZIP	ENGLEWOOD FL		6.4 CITY-ST-ZIP	ENGLEWOOD, FL	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Martha A. Meacham MEACHAM HITCHCOCK 1/14/99 941-474-0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #