2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 705431 1. Entity Name MANASOTA KEY ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 343 P O BOX 343 ENGLEWOOD FL 34295-7343 ENGLEWOOD FL 34295-7343 3. Mailing Address 2. Principal Place of Business

FILED Feb 21, 2002 8:00 am Secretary of State

02-21-2002 90001 003 ****61.25



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Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number 59-2150584				Applied For Not Applicable	
Zip Country			Zip C			ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	ed Agent	7. Name and Address of New Registered Agent									
						Name						
MODBIOON HADOLD					- ~~=	Street Address (P.O. Box Number is Not Acceptable)						
MORRISON, HAROLD 6480 MANASOTA KEY RD				5,55,7,55			.000 (0	1,0: Box (validor is t	io: / iocopiasio)			
ENGLEWOOD FL FL 34223												
ENGLETOOD IL IL 34223					City Zi					Zip Co	ode	
					FL				rL	-		
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.												
0.04.47.105												
SIGNATURE.	Signature, typed	or printed name of registered agent as	1 Agent signar	ture required	when reinstating)		DATE					
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			į	9 Flaction Cam	naian Fi	inancina		\$5.00 ·· -	Maka	Chook	Dovahl	n to
FILE NOW: FEE IS \$61.25			İ	9. Election Campaign Fir Trust Fund Contribution			Pg \$5.00 May Be Added to Fees			ake Check Payable to Department of State		
									Бер	21 1171011	. 0. 0.0	.
10. OFFICERS AND DIRECTOR					11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					IN 10
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NAME	MORRISO	•			NAME		BEN	DORSEH, MANASOL	~ Krulo			
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12. 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 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: