2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90150 050 ****61.25

DOCUMENT # 705431

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRISON, HAROLD 6480 MANASOTA KEY RD ENGLEWOOD FL FL 34223	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

FILE NOW: FEE IS $61.25

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	D AZZONI, ALFRED 7520 MANASOTA KEY RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SEE SEPARATE SHEET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORRISON, H. 6480 MANASOTA KEY ROAD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition FOR ALL OFFICERS & DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WINANS, NANCY 7630 MANASOTA KEY ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HITCHCOCK, MEACHAM 7515 MANASOTA KEY RD ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBINSON, JOHN 8195 MANASOTA KEY RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC CLUNG, JACQUELINE 6625 MANASOTA KEY DR ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE RE JOHN R. ROBINSON 1/21/03 941-475-3969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

2001 B

FEDERAL STATEMENTS

~~PAGE 2~~

CLIENT 5435 MANASOTA KEY ASSOCIATION, INC. 300177000 59-2150584

10/11/02 11:51AM

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STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NOTLEY ALFORD D 8440 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	DIRECTOR 1	$ 0.	$ 0.	$ 0.
LARRY REISTER D 6810 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	DIRECTOR 1	0.	0.	0.
BOB BUFFUM D 7660 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	DIRECTOR 1	0.	0.	0.
JOHN HUNEKE D 6460 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	DIRECTOR 1	0.	0.	0.
HAROLD MORRISON P 6480 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	PRESIDENT 1	0.	0.	0.
EVELYN REGNIER D 6793 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	DIRECTOR 1	0.	0.	0.
PATRICIA WOOD S 6560 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	SECRETARY 1	0.	0.	0.
JOHN ROBINSON T 8195 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	TREASURER 2	0.	0.	0.
CEIL SWEET D 8201 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	DIRECTOR 1	0.	0.	0.
DAVID WINANS, JR V 7630 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	VICE PRESIDENT 1	0.	0.	0.
TOTAL		$ 0.	$ 0.	$ 0.

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO