


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 732116 1. Entity Name MANASOTA LEAGUE OF CITIES, INC.	
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Principal Place of Business CITY HALL 1565 1ST ST ROOM 110 SARASOTA, FL 34236 US	Mailing Address CITY HALL, P.O. BOX 1058 ROOM 110 SARASOTA, FL 34230
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0281922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROBINSON, BILLY E CITY HALL, 1565 FIRST STREET ROOM 110 SARASOTA, FL 34236
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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, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POSTON, WAYNE P.O. BOX 25015 BRADENTON, FL 34206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GROSS, BARBARA 5650 NORTH PORT BLV, NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOHNENBERGER, RICHARD 5801 MARINA DRIVE HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Richard Bohnenberger Richard Bohnenberger 2/16/05 941 778 0355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #