

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAR 15 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **747886** (0)  
1. Corporation Name  
**MANATEE BAY CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4423 COUNTRY CLUB BLVD #C8 CAPE CORAL FL 33904</b>	Mailing Address <b>4423 COUNTRY CLUB BLVD #C8 CAPE CORAL FL 33904</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>06/29/1979</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-2034479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALOIA, FRANK J.  
1714 CAPE CORAL PARKWAY (P.O. BOX 535)  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>COLBY, BETTY</b>
STREET ADDRESS	<b>4423 COUNTRY CLUB BLVD</b>
CITY - ST - ZIP	<b>CAPE CORAL, FL 00000</b>
TITLE	<b>VPD</b>
NAME	<b>WOODS, KATHRYN L.</b>
STREET ADDRESS	<b>4411 COUNTRY CLUB BLVD.</b>
CITY - ST - ZIP	<b>CAPE CORAL, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>DOYLE, JAMES</b>
STREET ADDRESS	<b>4411 COUNTRY CLUB RD</b>
CITY - ST - ZIP	<b>CAPE CORAL, FL 00000</b>
TITLE	<b>STD</b>
NAME	<b>SHANEYFELT, RUSSELL</b>
STREET ADDRESS	<b>4423 COUNTRY CLUB BLVD</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>PD</b>
NAME	<b>ROLEKE, JAMES</b>
STREET ADDRESS	<b>4423 COUNTRY CLUB BLVD</b>
CITY - ST - ZIP	<b>CAPE CORAL, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>P-D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Russell L. Shaneyfelt*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**RUSSELL L. SHANEYFELT, SEC/Treas**

Date: **3-9-95**  
Daytime Phone: **813-549-0681**