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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 747886 (0)

1. Corporation Name

MANATEE BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4423 COUNTRY CLUB BLVD #C6
CAPE CORAL FL 33904

4423 COUNTRY CLUB BLVD #C6
CAPE CORAL FL 33904-5267

3. Date Incorporated or Qualified
06/29/1979

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2034479

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME COLBY, BETTY
STREET ADDRESS 4423 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL, FL 00000

1.1 TITLE DIRECTOR Change Addition
1.2 NAME THEODORE J. GLANDING
1.3 STREET ADDRESS 4417 COUNTRY CLUB BLVD
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VPD DELETE
NAME WOODS, KATHRYN L.
STREET ADDRESS 4411 COUNTRY CLUB BLVD.
CITY-ST-ZIP CAPE CORAL, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME DOYLE, JAMES
STREET ADDRESS 4411 COUNTRY CLUB RD
CITY-ST-ZIP CAPE CORAL, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD DELETE
NAME SHANEYFELT, RUSSELL
STREET ADDRESS 4423 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME ROLEKE, JAMES
STREET ADDRESS 4423 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL, FL 00000

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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.

SIGNATURE:

Russell A. Shaneyfelt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-97

Date

941-549-0681

Daytime Phone # 005178

CR2E037 (9/96)