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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747886 (0)

1. Corporation Name
MANATEE BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4423 COUNTRY CLUB BLVD #06 CAPE CORAL FL 33904	Mailing Address 4423 COUNTRY CLUB BLVD #06 CAPE CORAL FL 33904
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3. Date Incorporated or Qualified 06/29/1979		
4. FEI Number 59-2034479	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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 BECKER & POLIAKOFF, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) THE COLONNADES 83 13515 BELL TOWER DR. SUITE 101 84 City FORT MYERS FL 85 Zip Code 33907
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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: *Eric P. Feichtaler* **ERIC P. FEICHTALER, ATTORNEY** DATE: **3-3-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THEODORE J GLANDING		1.2 NAME	
STREET ADDRESS 4417 COUNTRY CLUB BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 00000		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODS, KATHRYN L.		2.2 NAME	
STREET ADDRESS 4411 COUNTRY CLUB BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 00000		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOYLE, JAMES		3.2 NAME	
STREET ADDRESS 4411 COUNTRY CLUB RD		3.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 00000		3.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHANEYFELT, RUSSELL		4.2 NAME	
STREET ADDRESS 4423 COUNTRY CLUB BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROLEKE, JAMES		5.2 NAME	
STREET ADDRESS 4423 COUNTRY CLUB BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 00000		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* **RUSSELL L. SHANEYFELT SECRETARY** 3-5-98 (941-549-0681)

CR2E037 (10/97)