

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0068454

DOCUMENT # 747886

04-13-2001 90006 004 ****61.25

1. Entity 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

2. Principal Place of Business

% Professionally Yours

3. Mailing Address

% Professionally Yours

Suite, Apt. #, etc.

1342 SE 46TH LN

Suite, Apt. #, etc.

PO BOX 100831

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

59-2034479

Applied For

Not Applicable

Zip

33904

Country

US

Zip

33910

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
 THE COLONNADES
 13515 BELL TOWER DR STE 101
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **OLSON, BARBARA**
 Street Address (P.O. Box Number is Not Acceptable)
PROFESSIONALLY YOURS, INC
1342 SE 46TH LANE #3
 City **CAPE CORAL** **FL** Zip Code **33904**

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.

SIGNATURE *Barbara A. Olson*

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

(NOTE: Registered Agent signature required when reinstating)

4/9/01
 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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEINSTEIN, BURTON	
STREET ADDRESS	4423 COUNTRY CLUB BLVD C-6	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, JAMES	
STREET ADDRESS	4411 COUNTRY CLUB RD	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SHANEYFELT, RUSSELL	
STREET ADDRESS	4423 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLEKE, JAMES	
STREET ADDRESS	4423 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAL, CATHERINE	
STREET ADDRESS	4423 COUNTRY CLUB BLVD C4	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUCETTE, GERALD	
STREET ADDRESS	4423 COUNTRY CLUB BLVD C6	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITT, ANNE	
STREET ADDRESS	4417 COUNTRY CLUB BLVD B3	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOULCH, THOMAS	
STREET ADDRESS	4411 COUNTRY CLUB BLVD A2	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Barbara A. Olson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 *549-6536*
 Date Daytime Phone #

CR2E037 (10/00)