

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90003 013 \*\*\*\*61.25



**DOCUMENT # 747886**  
 1. Entity Name  
**MANATEE BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**C/O PROFESSIONALLY YOURS INC**  
**1342 SE 46TH LN**  
**CAPE CORAL, FL 33904 US**



2. Principal Place of Business  
**% American Condo MGMT**  
 Suite, Apt. #, etc.  
**615 Cape Coral Pkwy W. #103**  
 City & State  
**CAPE CORAL, FL**

3. Mailing Address  
**% American Condo MGMT**  
 Suite, Apt. #, etc.  
**PO Box 100399**  
 City & State  
**CAPE CORAL, FL**

03022006 Chg-NP CR2E037 (11/05)

Zip  
**33914** Country

Zip  
**33910** Country

4. FEI Number  
**59-2034479** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **Susan Kase**  
 Street Address (P.O. Box Number is Not Acceptable)  
**% American Condo MGMT, INC**  
**615 Cape Coral Pkwy W. #103**  
 City **CAPE CORAL** FL Zip Code **33914**

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 **SUSAN KASE** DATE **4/20/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANESE, EMILIA 4411 COUNTRY CLUB BLVD A4 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUCETTE, GERALD 4423 COUNTRY CLUB BLVD C6 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMMASINI, BRUNO 4417 COUNTRY CLUB BLVD B6 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROLEKE, JAMES 4423 COUNTRY CLUB BLVD C1 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, ROBERT 441 COUNTRY CLUB BLVD #4A CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST William Black 4417 Country Club # A1 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **EMILIA LANESE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-25-2006**  
Date

Daytime Phone #