


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90041 030 ****61.25

DOCUMENT # 747886

1. Entity Name
MANATEE BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O AMERICAN CONDO MGMT
 615 CAPE CORAL PKWY W #103
 CAPE CORAL, FL 33904 US**

Mailing Address
**C/O AMERICAN CONDO MGMT
 PO BOX 100399
 CAPE CORAL, FL 33910 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

02062007 Chg-NP CR2E037 (12/06)

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

**KASE, SUSAN
 C/O AMERICAN CONDO MGMT
 615 CAPE CORAL PKWY W #103
 CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	D LANESE, EMILIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUCETTE, GERALD <input checked="" type="checkbox"/> Delete 4423 COUNTRY CLUB BLVD C6 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANNE BAILEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 277 POPLAR ST. CENTRAL ISTEP, NY 11722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMMASINI, BRUNO <input type="checkbox"/> Delete 4417 COUNTRY CLUB BLVD B6 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMMASINI, BRUNO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACK, WILLIAM <input type="checkbox"/> Delete 4417 COUNTRY CLUB #A1 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, ROBERT <input checked="" type="checkbox"/> Delete 441 COUNTRY CLUB BLVD #4A CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA WOODS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1245 DARWIN DRIVE OSAGE BEACH, MO 65065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Brno Tommasini* **V. PRAS.** **2/13/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #