FILE NOW: FILING FEE AFTER MAY 1 IS $165.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770699 (7)

1. Corporation Name

THE BOARDWALK OF MANASOTA KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2400 N BEACH RD ENGLEWOOD FL 34223	2400 N BEACH RD ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1983
3a. Date of Last Report: 07/13/1994
4. FEI Number: 59-2498098 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

% KANETSKY, MOONE & DEBOER PA
227 NOKOMIS AVE SOUTH
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name: Michael B. McKinley, Esq.
82 St: 18401 Murdock Circle
83
84 City: Port Charlotte FL 85 Zip: 33948

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation su... 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 607.0505, Florida Statutes.

SIGNATURE: _____ Michael B. McKinley, Esquire 4-17-95
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	VPD	1.1 TITLE		☐ Change ☐ Addition
NAME	SLOAN DAVID B.	1.2 NAME		
STREET ADDRESS	209 THOMAS MORE PARK	1.3 STREET ADDRESS		
CITY-ST-ZIP	COVINGTON KY 41017	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEE, JANICE	2.2 NAME		
STREET ADDRESS	2400 N. BEACH RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	MANNING, JOHN	3.2 NAME		
STREET ADDRESS	6105 N. DIXIE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SERGENT, GARY #	4.2 NAME		
STREET ADDRESS	209 THOMAS MORE PARK	4.3 STREET ADDRESS		
CITY-ST-ZIP	COVINGTON KY 41017	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John M. Manning JOHN M. MANNING 3/13/95 (512) 898-3167
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR Date Daytime Phone #