## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 770699**

THE BOARDWALK OF MANASOTA KEY CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business
2400 N BEACH RD

Mailing Address

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90044 018 \*\*\*\*61.25

2400 N BEACH ENGLEWOOD I	=	2400 N BEACH RD ENGLEWOOD FL 34223									
2. Principal Pl	lace of Business	2a. Mailing Address				3. Date incorporated or Qualifed					
:1		26				10/11/1983					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For				2	
2		27				59-2498098	Not Applicable				
City & State	ė	City & State				5. Certifcate of Status Desired	ate of Status Desired				
Zip	Country 25	Zip 30	¬ ' — —			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
	9. Name and Address of Current	<del></del>	- 1			10. Name and Address of New Register	ed Agent			ĺ	
				81	Name	<del></del>				ľ	
	, MICHAEL B.		8			dress (P.O. Box Number is Not Acceptable)					
	RDOCK CIRCLE							<u> </u>			
PORT CH	ARLOTTE FL 33948			Ш							
				84	City		EL  85	Zip C	Code		
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autr ons of, Section 617.0503, Florid	iorized a Stati	by thutes.	ne corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of chang pointmen	ing its t as re	registered gistered	_	
42	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agent	signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIE	ECTO	RS IN 12	1/98	
12.	4-4-471	DELETE	1.1 7	TI E	-	ADDITIONS/OFFARIOUS TO GET ISEN		hange	Addition	Ξ	
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NAME	SLOAN DAVID B.		1		DODECC			,		F037	
STREET ADDRESS	209 THOMAS MORE PARK		1		ADORESS					S	
CITY-ST-ZIP	COVINGTON KY 41017	☐ DELETE		TY-ST-	ZIP		ПС	: hange	Addition	2	
TITLE	PD							, ionigo			
NAME.	LEE, JANICE		2.2 N								
STREET ADDRESS	2400 N. BEACH RD.	The state of the s		2.3 STREET ADDRESS			•				
CITY- ST-ZIP	ENGLEWOOD FL 34223				-ZIP	· · · · · · · · · · · · · · · · · · ·		hange	Addition	1	
TITLE	π	☐ DELETE 3.1 TR					ЦV	Hange		ĺ	
NAME	MANNING, JOHN		3.2 N							ļ	
STREET ADDRESS	0100 14. DIVIL DIVIL				ADDRESS						
CITY-ST-ZIP	DAYTON OH		•	ITY-ST	- ZIP			hange	Addition	ļ	
TITLE	D	☐ DELETÉ 4.1 TI						nange			
NAME	SERGENT, GARY		4. 2 N			,				_	
STREET ADORESS	209 THOMAS MORE PARK				ADDRESS	i de la companya de	-				
CITY-ST-ZIP	COVINGTON KY 41017	Delete		TY-ST-	ZIP			hange	Addition	ł	
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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 changes, or on an attachment with an address, with all other like empowered.