
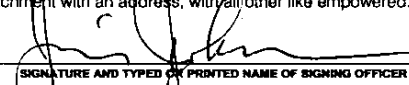


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90006 006 \*\*\*\*61.25

<b>DOCUMENT # N38022</b>			
1. Entity Name <b>MANGROVE BAY OF LEE COUNTY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>950 MOODY RD. BOX 101 N. FT. MYERS, FL 33903</b>		Mailing Address <b>P.O. BOX 60195 FORT MYERS, FL 33906</b>	
2. Principal Place of Business		3. Mailing Address <b>3780 DOWNWIND LN</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>NORTH FORT MYERS, FL</b>	
Zip	Country	Zip	Country
<b>33917</b>		<b>33917</b>	<b>USA</b>
02192006		Chg-NP	
		CR2E037 (11/05)	
4. FEI Number <b>65-0191542</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MCLAUGHLIN, JONATHAN 6238 PRESIDENTIAL CT SUITE 1 FORT MYERS, FL 33919</b>		Name <b>ALLEN, BONNIE</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>3780 DOWNWIND LANE</b>	
		City <b>NORTH FORT MYERS FL</b>	
		Zip Code <b>33917</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JIM 950 MOODY RD., #119 N FT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, GARY P.O. BOX 100478 CAPE CORAL, FL 33910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLEY, RAY 950 MOODY RD, # 120 NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD HAWKINS 950 MOODY RD #125 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEFTWICH, STEVEN 950 MOODY RD., #133 FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVEN LEFTWICH 950 MOODY RD #133 NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BANCROFT, LINDA 950 MOODY RD., #103 FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	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"/> 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: 		Date: <b>2/20/06</b> (239) 2298526	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JIM JOHNSON, PRESIDENT</b>		Date Daytime Phone #	