

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736691 (7)

1. Corporation Name

MANATEE CONDOMINIUM, INC.

Principal Place of Business

9273 COLLINS AVENUE
SURFSIDE FL 33154

Mailing Address

9273 COLLINS AVENUE
SURFSIDE FL 33154-3048

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/26/1976

3a. Date of Last Report

07/02/1996

4. FEI Number

59-1684713

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASH, WILLIAM F.
3909 NE 163RD STREET
SUITE 111
NORTH MIAMI BEACH FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PELAEZ, ALFREDO	
STREET ADDRESS	9273 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTALESSO, VITO	
STREET ADDRESS	9273 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GAGNE, GERARD	
STREET ADDRESS	9273 COLLINS AVE 1111	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TESSIER, MARCEL	
STREET ADDRESS	9273 COLLINS AVENUE #310	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAGIA, LEO	
STREET ADDRESS	9273 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE, FL 33154 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PELAEZ, ALFREDO	
1.3 STREET ADDRESS	9273 COLLINS AVE.	
1.4 CITY-ST-ZIP	SURFSIDE, FL. 33154	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDUARDO GARCIA	
4.3 STREET ADDRESS	9273 COLLINS AVE.	
4.4 CITY-ST-ZIP	SURFSIDE, FL. 33154	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

ALFREDO PELAEZ

2-5-97 (305) 866-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030914

CR2E037 (9/96)