

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N38022

1. Entity Name
**MANGROVE BAY OF LEE COUNTY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**950 MOODY RD.
BOX 101
N. FT. MYERS, FL 33903**

Mailing Address
**3780 DOWNWIND LN
NORTH FORT MYERS, FL 33917**



03092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0191542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, BONNIE
3780 DOWNWIND LN
NORTH FORT MYERS, FL 33917**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, JIM
STREET ADDRESS	950 MOODY RD., #119
CITY-ST-ZIP	N FT MYERS, FL 33903

TITLE	VPD
NAME	BAKER, GARY
STREET ADDRESS	P.O. BOX 100478
CITY-ST-ZIP	CAPE CORAL, FL 33910

TITLE	D
NAME	HAWKINS, RICHARD
STREET ADDRESS	950 MOODY RD #125
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903

TITLE	TD
NAME	HUNTER, SARAH
STREET ADDRESS	950 MOODY ROAD #102
CITY-ST-ZIP	FORT MYERS, FL 33903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/08-80006-002 361.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Date

239 4626566

Daytime Phone #