

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38022

FILED
Mar 15, 2009
Secretary of State

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

Current Principal Place of Business:

950 MOODY RD.
BOX 101
N. FT. MYERS, FL 33903

New Principal Place of Business:

950 MOODY RD.
N. FT. MYERS, FL 33903

Current Mailing Address:

3780 DOWNWIND LN
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 65-0191542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, JIM
Address: 950 MOODY RD., #119
City-St-Zip: N FT MYERS, FL 33903

Title: VPD () Delete
Name: BAKER, GARY
Address: P.O. BOX 100478
City-St-Zip: CAPE CORAL, FL 33910

Title: D () Delete
Name: HAWKINS, RICHARD
Address: 950 MOODY RD #125
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: HUNTER, SARAH
Address: 950 MOODY ROAD #102
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RAY, EARLEY
Address: 950 MOODY ROAD #120
City-St-Zip: FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM JOHNSON

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date