

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90131 017 \*\*\*\*61.25

**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

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

2. Principal Place of Business

3. Mailing Address  
**5901 PENDRAGON LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FORT MYERS FL**

Zip

Country

Zip

Country

**33912**

4. FEI Number **65-0191542**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CLIFTON, CHARLES M**  
**950 MOODY RD**  
**UNIT #137**  
**FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

**E. Jim Johnson**

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

**950 moody Rd # 119**

City

**N. Ft. Myers**

FL

Zip Code

**33903**

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

*E. J. Johnson*

**1-20-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | CLIFTON, CHARLES M  |  |
| STREET ADDRESS | 950 MOODY RD        |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | CLIFTON, BARBARA    |  |
| STREET ADDRESS | 950 MOODY RD        |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> Delete |
| NAME           | WILKINSON, GERALD   |  |
| STREET ADDRESS | 950 MOODY RD        |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | FLAITS, ANITA       |  |
| STREET ADDRESS | 950 MOODY RD, #113  |  |
| CITY-ST-ZIP    | FORT MYERS FL 33903 |  |
| TITLE          | VPD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | EARLEY, RAY         |  |
| STREET ADDRESS | 950 MOODY RD, #120  |  |
| CITY-ST-ZIP    | FORT MYERS FL 33903 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOHNSON, JIM        |  |
| STREET ADDRESS | 950 MOODY RD # 119  |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          | VPD                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WILKINSON, GERALD   |  |
| STREET ADDRESS | 950 MOODY RD # 116  |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          | SD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOHNSON, SANDRA     |  |
| STREET ADDRESS | 950 MOODY RD # 119  |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          | TD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LACHANCE, CELIA     |  |
| STREET ADDRESS | 950 MOODY RD # 122  |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | DARGETT, SUZANNE    |  |
| STREET ADDRESS | 950 MOODY RD # 111  |  |
| CITY-ST-ZIP    | N FT MYERS FL 33903 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. 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 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:

*E. J. Johnson*

**1-20-03 231-997-0824**

CR2E037 (10/02)