

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741806

**Entity Name:** MANGROVE BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9240 MIDNIGHT PASS RD.  
UNIT D  
SARASOTA, FL 34242

**Current Mailing Address:**

9240 MIDNIGHT PASS RD.  
UNIT D  
SARASOTA, FL 34242 US

**FEI Number:** 81-1764037

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POZANEK, JODI  
9240 MIDNIGHT PASS ROAD UNIT D  
SARASOTA, FL 34242 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            POZANEK, JODI  
Address        9240 MIDNIGHT PASS RD. UNIT D  
City-State-Zip: SARASOTA FL 34242

Title            TREASURER  
Name            BARNES, STEVEN LEWIS  
Address        9240 MIDNIGHT PASS RD. UNIT A  
City-State-Zip: SARASOTA FL 34242

Title            ASST. TREASURER  
Name            HAMILTON, RAFFIE  
Address        9240 MIDNIGHT PASS RD. UNIT A  
City-State-Zip: SARASOTA FL 34242

Title            S  
Name            FONG, SUZANNE  
Address        9240 MIDNIGHT PASS RD UNIT C  
City-State-Zip: SARASOTA FL 34242

Title            VP  
Name            HOWARD, MARY  
Address        9240 MIDNIGHT PASS RD.  
UNIT B  
City-State-Zip: SARASOTA FL 34242

I hereby 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 all other like empowered.

**SIGNATURE:** RAFFIE HAMILTON

**TREASURER**

**01/10/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date