

2023 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

01/23/2023

Electronic Signature of Signing Officer/Director Detail_____
Date