# Entity Name: MANATEE BAY CONDOMINIUM ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

C/O AMERICAN CONDO MGMT 4223 DEL PRADO BLVD S CAPE CORAL, FL 33904

**DOCUMENT# 747886** 

# **Current Mailing Address:**

C/O AMERICAN CONDO MGMT PO BOX 100399 CAPE CORAL, FL 33910 US

# FEI Number: 59-2034479

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

KASE, SUSAN C/O AMERICAN CONDO MGMT 4223 DEL PRADO BLVD S CAPE CORAL, FL 33904 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

# **Officer/Director Detail :**

Title	PRESIDENT	Title	VP	
Name	SWICK, KENT	Name	TOMMASINI, BRUNO	
Address	4223 DEL PRADO BLVD S	Address	4223 DEL PRADO BLVD S	
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904	
Title	SECRETARY	Title	TREASURER	
Name	BAILEY, ANNE	Name	FOSSELLA, JAMES	
Address	4223 DEL PRADO BLVD S	Address	4223 DEL PRADO BLVD S	
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904	
Title	DIRECTOR	Title	DIRECTOR	
Name	GLENN, MIKE	Name	GLENN, MIKE	
Address	4223 DEL PRADO BLVD S	Address	4223 DEL PRADO BLVD S	
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904	

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.

PRESIDENT

# SIGNATURE: KENT SWICK

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 22, 2015 Secretary of State CC4130235532

Certificate of Status Desired: No

Date

Date