

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747886

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

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC2638898891**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2034479

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SWICK, KENT  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            VP  
Name            BAILEY, ANNE  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            DIRECTOR  
Name            HILL, RON  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            TREASURER, SECRETARY  
Name            FOSSELLA, JAMES  
Address        C/O AMERICAN CONDO MGMT  
                  PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title            DIRECTOR  
Name            GLENN, MIKE  
Address        4223 DEL PRADO BLVD S  
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.*

**SIGNATURE:** ANNE BAILEY

**VICE PRESIDENT**

**04/04/2017**

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

\_\_\_\_\_  
Date