

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003156

Entity Name: MANGROVE WALK ON HARBOUR ISLE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 09, 2018
Secretary of State
CC3371077443**Current Principal Place of Business:**2025 LAKEWOOD RANCH BLVD.
SUITE 203
BRADENTON, FL 34211**Current Mailing Address:**2025 LAKEWOOD RANCH BLVD.
SUITE 203
BRADENTON, FL 34211 US**FEI Number: 45-3483463****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PORGES, HAMLIN, KNOWLES & HAWK PA
1205 MANATEE AVE WEST
BRADENTON, FL 34205 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	VP
Name	LEFNER, JOHN
Address	2025 LAKEWOOD RANCH BLVD. SUITE 203
City-State-Zip:	BRADENTON FL 34211

Title	PRESIDENT
Name	WELLMAN, TIM
Address	2025 LAKEWOOD RANCH BLVD. SUITE 203
City-State-Zip:	BRADENTON FL 34211

Title	SECRETARY
Name	MOORE, CHERYL
Address	2025 LAKEWOOD RANCH BLVD. SUITE 203
City-State-Zip:	BRADENTON FL 34211

Title	TREASURER
Name	MCKINNEY, BILL
Address	2025 LAKEWOOD RANCH BLVD. SUITE 203
City-State-Zip:	BRADENTON FL 34211

Title	DIRECTOR
Name	GERAGHTY, SHEILA
Address	2025 LAKEWOOD RANCH BLVD. SUITE 203
City-State-Zip:	BRADENTON FL 34211

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: TIM WELLMAN**PRESIDENT****04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date