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 mac 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 nam above, or on an attachment with all other like empowered.			
SIGNATURE: TIM SCOFF	PRESIDENT	05/06/2015	

950 MOODY RD. N. FT. MYERS, FL 33903

DOCUMENT# N38022

REPORT

Current Mailing Address:

P.O. BOX 3530 NORTH FORT MYERS, FL 33918 US

FEI Number: 65-0191542

Name and Address of Current Registered Agent:

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: MANGROVE BAY OF LEE COUNTY CONDOMINIUM

RYAN, JOHN E 17586 PLUMERA LANE NORTH FORT MYERS, FL 33917 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	: JOHN E RYAN		05	5/06/2015		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR			
Name	SCOFF, TIM	Name	EARLEY, DOTTIE			
Address	950 MOODY RD., #107	Address	950 MOODY RD.#120			
City-State-Zip:	N FT MYERS FL 33903	City-State-Zip:	NORTH FORT MYERS FL 33903			
Title Name Address City-State-Zip:	SECRETARY, TREASURER, DIRECTOR MELVIN, JANICE 950 MOODY RD #116 NORTH FORT MYERS FL 33903	Title Name Address City-State-Zip:	DIRECTOR ANTHONY, PETER 950 MOODY ROAD #133 NORTH FORT MYERS FL 33903			
Title Name Address City-State-Zip:	DIRECTOR SCOTT, BRUCE 950 MOODY ROAD #133 NORTH FORT MYERS FL 33903					

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 06, 2015 Secretary of State CC5668875367

Certificate of Status Desired: No