

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38022

**Entity Name:** MANGROVE BAY OF LEE COUNTY CONDOMINIUM  
ASSOCIATION, INC.**Current Principal Place of Business:**950 MOODY RD.  
N. FT. MYERS, FL 33903**Current Mailing Address:**P.O. BOX 3530  
NORTH FORT MYERS, FL 33918 US**FEI Number: 65-0191542****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**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****01/27/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** SCOFF, TIM  
**Address** 950 MOODY RD., # 107  
**City-State-Zip:** N FT MYERS FL 33903**Title** DIRECTOR  
**Name** EARLEY, DOTTIE  
**Address** 950 MOODY RD.# 120  
**City-State-Zip:** NORTH FORT MYERS FL 33903**Title** VP  
**Name** BARTON, DENNIS  
**Address** 950 MOODY RD # 135  
**City-State-Zip:** NORTH FORT MYERS FL 33903**Title** TREASURER  
**Name** MURRAY, WRIGHT  
**Address** 950 MOODY ROAD # 139  
**City-State-Zip:** NORTH FORT MYERS FL 33903**Title** SECRETARY  
**Name** SMITH, ROCKNE  
**Address** 950 MOODY ROAD # 136  
**City-State-Zip:** NORTH FORT MYERS FL 33903

*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 SCOFF****PRESIDENT****01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date