# Entity Name: MANGROVE BAY OF LEE COUNTY CONDOMINIUM ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

950 MOODY ROAD FORT MYERS, FL 33903

DOCUMENT# N38022

## **Current Mailing Address:**

C/O PROFESSIONALLY YOURS LLC PO BOX 152413 CAPE CORAL, FL 33915 US

## FEI Number: 65-0191542

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

SANNER, SHERI 735 NE 19TH PLACE UNIT 13 CAPE CORAL, FL 33909 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	SHERI SANNER			01/23/2024
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	DIRECTOR	Title	VP	
Name	CRAMER, KIM	Name	KRUTZ, KEVIN	
Address	950 MOODY ROAD	Address	950 MOODY ROAD	
City-State-Zip:	FORT MYERS FL 33903	City-State-Zip:	FORT MYERS FL 33903	
Title	PRESIDENT	Title	SECRETARY	
Name	KLEIN, ALLEN	Name	MCKEE, WILLIAM	
Address	950 MOODY ROAD	Address	950 MOODY ROAD	
City-State-Zip:	FORT MYERS FL 33903	City-State-Zip:	FORT MYERS FL 33903	
Title	TREASURER			
Name	ROSENDE, JOSEPH			
Address	950 MOODY ROAD			
City-State-Zip:	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.

PRESIDENT

#### SIGNATURE: ALLEN KLEIN

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 23, 2024 Secretary of State 8126808261CC

Certificate of Status Desired: No

01/23/2024 Date