

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705431

FILED
Feb 24, 2009
Secretary of State

Entity Name: MANASOTA KEY ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 343
ENGLEWOOD, FL 342957343

New Principal Place of Business:

8195 MANASOTA KEY ROAD
ENGLEWOOD, FL 342957343

Current Mailing Address:

P O BOX 343
ENGLEWOOD, FL 342957343

New Mailing Address:

FEI Number: 59-2150584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, JOHN
8195 MANASOTA KEY RD.
ENGLEWOOD FL, FL 34223 US

Name and Address of New Registered Agent:

ROBINSON, JOHN
8195 MANASOTA KEY RD.
ENGLEWOOD, FL 34223 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: _____

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POTTER, ROBERT
Address: 8270 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: THOMPSON, FREMONT
Address: 8345 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: P () Delete
Name: SPOTO, SANDRA
Address: 7620 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: T () Delete
Name: ROBINSON, JOHN
Address: 8195 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP () Delete
Name: BLACKSTONE-SPIEGEL, NANCY
Address: 7100 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: REISTER, LARRY
Address: 6810 MANASOTA KEY RD
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN ROBINSON

T

02/24/2009

Electronic Signature of Signing Officer or Director

Date