


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 722240 1. Entity Name PORT MANATEE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 761 PORT SALERNO, FL 34992	Mailing Address P.O. BOX 761 PORT SALERNO, FL 34992	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent ROBERTSON, JERRY BLDG. #2 UNIT #5 4553 S.E. HORSESHOE POINT RD. STUART, FL 34997		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000477732 04/06/06-80063-001 61.25
10. OFFICERS AND DIRECTORS		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
TITLE	D	
NAME	VAZZANO, STEPHEN	
STREET ADDRESS	4942 SE POST TERRACE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	
NAME	LAYER, DON	
STREET ADDRESS	4554 S.E. HORSESHOE PT. RD.	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	S	
NAME	LYNCH, LOIS	
STREET ADDRESS	4726 SE CAPSTAN AVE BLDG 1-B	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	P	
NAME	ROBERTSON, JERRY	
STREET ADDRESS	140 ADAMS RD	
CITY-ST-ZIP	CONCORD, MA 01742	
TITLE	D	
NAME	TOWNSHEND, KATHY	
STREET ADDRESS	P.O. BOX 89	
CITY-ST-ZIP	PORT SALERNO, FL 34992	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/13/06 <small>Date</small>