

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90040 047 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 722240**

1. Entity Name  
**PORT MANATEE CONDOMINIUM ASSOCIATION, INC.**



**60033228**

Principal Place of Business  
**P.O. BOX 761  
PORT SALERNO, FL 34992**

Mailing Address  
**P.O. BOX 761  
PORT SALERNO, FL 34992**



01212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1585184**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROBERTSON, JERRY  
BLDG. #2 UNIT #5  
4553 S.E. HORSESHOE POINT RD.  
STUART, FL 34997**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZZANO, STEPHEN 4942 SE POST TERRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYER, DON 4554 S.E. HORSESHOE PT. RD. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, LOIS 4726 SE CAPSTAN AVE BLDG 1-6 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, JERRY 140 ADAMS RD CONCORD, MA 01742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSHEND, KATHY P.O. BOX 89 PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDERKO, GEORGE 4553 SE HORSESHOE PT. RD. STUART, FL 34997

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/28/2007 978-369-6492**