


FILED
Apr 07, 2008 08:00 A
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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
---	---

DO NOT WRITE IN THIS SPACE



03292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1585184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 VERONE L. ROBERTSON DATE 4/01/08

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000886119 04/16/08 00043-007 61.25
---	--	---

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 FEDERKO, GEORGE 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	

**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: VERONE L. ROBERTSON DATE 4/01/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #