2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# 722240

Entity Name: PORT MANATEE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 761
PORT SALERNO, FL 34992

New Principal Place of Business:

4553 S.E. HORSESHOE POINT RD
UNIT #4
PORT SALERNO, FL 34992

Current Mailing Address:

P.O. BOX 761
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 59-1585184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	VAZZANO, STEPHEN	
Address:	4942 SE POST TERRACE	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	FEDERKO, GEORGE	
Address:	4554 S.E. HORSESHOE PT. RD.	
City-St-Zip:	STUART, FL 34997	
Title:	S	( ) Delete
Name:	LYNCH, LOIS	
Address:	4726 SE CAPSTAN AVE BLDG 1-6	
City-St-Zip:	STUART, FL 34997	
Title:	P	( ) Delete
Name:	ROBERTSON, JERRY	
Address:	140 ADAMS RD	
City-St-Zip:	CONCORD, MA 01742	
Title:	D	( ) Delete
Name:	TOWNSHEND, KATHY	
Address:	P.O. BOX 89	
City-St-Zip:	PORT SALERNO, FL 34992	

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:	

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: JEROME ROBERTSON PRES 04/11/2009
Electronic Signature of Signing Officer or Director — Date