


**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738317</b>						<b>Secretary of State</b>	
1. Entity Name <b>MANASOTA BEACH GARDENS ASSOCIATION, INC.</b>							
Principal Place of Business <b>1730 MANASOTA BEACH RD. 102 ENGLEWOOD, FL 34223</b>				Mailing Address <b>1730 MANASOTA BEACH RD. 102 ENGLEWOOD, FL 34223</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>MICKOW, ARTHUR V 1730 MANASOTA BEACH RD. UNIT 102 ENGLEWOOD, FL 34223</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
FL				Zip Code			
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D NEWCOMBE, SIDNEY 202 HIGH ST SAINT ALBANS, VT 05478 <input type="checkbox"/> Delete				U00000534638 Change <input type="checkbox"/> Addition 01/23/07-80010-006 61.25			
D MONAHAN, STEPHEN 1121 ARBROID DR ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD POENISCH, HERBERT 136 JAMIE LYNN CIR PICKERINGTON, OH 43147 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD FANCHER, DOUGLAS A 1027 BECKLEY CIRCLE VENICE, FL 342923938 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD MICKOW, ARTHUR 1730 MANASOTA BEACH RD. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VPD BROWN, BRUCE 9-D FAIRWAY RD READING, PA 19607 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Arthur Mickow</i> - <i>Arthur Mickow Pres</i> - 1/22/07 941-493-8104							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone							