## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # 738317  1. Entity Name MANASOTA BEACH GARDENS ASSOCIATION, INC.						1	-10-2008 90074 005 **								
Principal Place of Business 1730 MANASOTA BEACH RD. 102 ENGLEWOOD, FL 34223			Mailing Address 1730 MANASOTA BEACH RD. 102 ENGLEWOOD, FL 34223				18188 1888 1881 1881 8881 8181 8181 81	I BIEN BILLINGS () (101							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 1027 Beckley Circle			I .									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03072008 Chg-NP CR2E037 (12/06)									
City & State		Country	Verice Florida Zip Count		<u>a</u>	59-2361215		Applied For Not Applicable							
Zip	84.292-3938 6. Name and Address of Current Registered Agent		34292-3938	COU	ntry	S. Certificate of Status Desired									
MICKOW, ARTHUR V 1730 MANASOTA BEACH RD.					Name Duglas A Fancher Street Additions (8.0, Box Number is Not Acceptable)										
UNIT 102 ENGLEWOOD, FL 34223				City			FL 2	7ip Code 2039							
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 and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE															
Filing Fee Is \$61.25 9. Election Campu Due by May 1, 2008 Trust Fund Cor				Contributio	· · ·	\$5.00 May Be Added to Fees	Make check pay Florida Departmer	nt of State							
10 "	D D	OFFICERS AND DIR	RECTORS Delete	11.	10	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECT	ORS IN 10 Change Addition							
NAME	i -	IBE, SIDNEY	LI DEIGE	NAME	I EA	QUIST VII	NEENT	• –							
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 202 HIGH ST				TADORESS 173										
TITLE	D		☐ Delete	TITLE	D			Change Addition							
NAME		N, STEPHEN		NAME	DE	VITA JEAN	JNE AN RANGE RD								
STREET ADDRESS CITY-ST-ZIP	s 1121 ARBROID DR ENGLEWOOD, FL 34223			1			COLORADO 801								
TITLE	SD		Delete	TITLE	SD			Change Addition							
NAME Street adoress	li .	H, HERBERT E LYNN CIR		NAME STREE	TADORESS 173	ARROW LU So Manhas	CILE STA BEACH RD	#105							
CITY-ST-ZIP	1	IGTON, OH 43147			ST-ZIP	GLEWOOD,	FLORIDA 34	223							
TITLÉ	TD		☐ Delete	TITLE	PO			Change							
NAME STREET ADDRESS	I .	R, DOUGLAS A		NAME	FA	NCHER, DO	SUGLAS A.								
STREET ADDRESS CITY-ST-ZIP	1	KLEY CIRCLE FL 342923938				7 BECKLET NICE FLO	RIDA 34292-39:	3 <i>Ş</i>							
TITLE	PD		☐ Delete	MLE	D			Change							
NAME Street address	MICKOW,	ARTHUR IASOTA BEACH RD.		NAME STREE		KOW, APOLL	NR V. A BEACH RD#1.	_• <b>•</b>							
CITY-ST-ZIP	1	OOD, FL 34223	_	9			FLORIDA 3422								
TITLE	VPD	<u>.                                    </u>	Delete	TITLE	VPE			Change Addition							
NAME	BROWN, I			NAME	PE	REUSON E	DWARD								
STREET ADDRESS	9-D FAIRV	VAY RD		•		•	FLORING 3								
CITY-ST-ZIP	READING	, PA 19607		<b>4</b> 0111	VI 165 A	* L I 4-5 / 1	CITY-ST-ZIP READING, PA 19607  CITY-ST-ZIP ENGLEV SO FLORIDA 3  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 attackment with an address, with all other than empowered.								
12. I hereby of indicated of the cor	certify that the d on this repor rporation or th	e information supplied with t or supplemental report is ne receiver or trustee empo	true and accurate and that rewered to execute this report	r the exer ny signatu as require	nptions contained	d in Chapter 119, Flor e same legal effect as i 17, Florida Statutes; an	rida Statutes. I further certify the	n officer or director ck 10 or Block 11 if							