

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

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 033 ****61.25

DOCUMENT # 744310

1. Entity Name
MORTON VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5400 34TH STREET WEST
BRADENTON, FL 34210**

Mailing Address
**5400 34TH STREET WEST
BRADENTON, FL 34210**

90022



01232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1923361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C & S CONDOMINIUM MANAGEMENT
4301 32ND ST. W. STE A-20
BRADENTON, FL 34205**

**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, 2008**

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
BURDICK, DON
5400 34TH ST. W. 40
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHIAFFREOO, ROBERT
5400 34TH ST. W. #17H
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOGAN, RALPH
5400 34TH ST. W. 5G
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YOTLEY, E.C.
5400 34TH ST. W. 9J
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STONE, JEFF
5400 34TH STREET WEST #8C
BRADENTON, FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JULIAN, JOE
5400 34TH ST. W. 17 B
BRADENTON, FL 34210**

**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:

Ralph W Logan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph W Logan

2/4/08
Date

941-755-1297
Daytime Phone #