2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747725

FILED May 05, 2009 Secretary of State

Entity Name: MANATEE LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: % WILLIAM E. GUY, JR. GUY YUDIN & FOSTER, LLP 55 E. OCEAN BLVD. 55 E. OCEAN BLVD. STUART, FL 34994 STUART, FL 34994 New Mailing Address: **Current Mailing Address:** % WILLIAM E. GUY, JR. GUY YUDIN & FOSTER, LLP 55 E. OCEAN BLVD. 55 E. OCEAN BLVD STUART, FL 34994 STUART, FL 34994 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YUDIN, JOHN S YUDIN, JOHN S KUY & YUDIN, LLP 55 EAST OCEAN BLVD GUY YUDIN & FOSTER, LLP 55 EAST OCEAN BLVD STUART, FL 34994 US STUART, FL 34994 US 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: 05/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MILLER, PHILLIP Name: Name: 4724 SE WILLIAMS WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: PD () Delete Title: () Change () Addition VOELKER, RON Name: Name: Address: 4744 SE WILLIAMS WAY Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition SIKORA, BOBBI Name: ENGLAND, BOBBI Name: 4604 SE WILLIAMS WAY 4604 SE WILLIAMS WAY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: TD () Delete Title: TD (X) Change () Addition Name: SCOTT, RACHEL Name: SCOTT, RACHEL Address: 4469 SE TALL PINES Address: 4684 SE WILLIAMS WAY City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

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: RACHEL SCOTT **TRES** 05/05/2009