

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90003 013 ****61.25

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1. Entity Name
MANATEE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**C/O PROFESSIONALLY YOURS INC
1342 SE 46TH LN
CAPE CORAL, FL 33904 US**

Mailing Address



2. Principal Place of Business

3. Mailing Address

% American Condo MGMT

% American Condo MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

615 Cape Coral Pkwy W. #103

P.O. Box 100399

City & State

City & State

CAPE CORAL, FL

CAPE CORAL, FL

Zip **33914**

Country

Zip **33910**

Country

03022006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2034479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Susan Kase

Street Address (P.O. Box Number is Not Acceptable)

% American Condo MGMT, INC

615 Cape Coral Pkwy W. #103

City

CAPE CORAL

FL

Zip Code

33914

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

Susan Kase

Susan Kase

4/20/06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**VP
LANESE, EMILIA
4411 COUNTRY CLUB BLVD A4
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DOUCETTE, GERALD
4423 COUNTRY CLUB BLVD C6
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOMMASINI, BRUNO
4417 COUNTRY CLUB BLVD B6
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ROLEKE, JAMES
4423 COUNTRY CLUB BLVD C1
CAPE CORAL, FL 33904** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAMSEY, ROBERT
441 COUNTRY CLUB BLVD #4A
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
William Black
4417 Country Club #A1
CAPE CORAL, FL 33904** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 *Emilia Lane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-2006

Date

Daytime Phone #