2007 NOT-FOR-PROFIT CORPORATION

FILED May 03, 2007 8:00 am Secretary of State

ANNUA	Secretary or State				
DOCUMENT # 747886 1. Entity Name MANATEE BAY CONDOMINIUM A	ASSOCIATION, INC.		05-03-2007 90041 030 ****61.25		
Principal Place of Business C/O AMERICAN CONDO MGMT 615 CAPE CORAL PKWY W #103 CAPE CORAL, FL 33904 US	Mailing Address C/O AMERICAN CONDO MGMT PO BOX 100399 CAPE CORAL, FL 33910 US		THE THE THE TENT HER THE		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02062007 Chg-NP CR2E037 (12/06)		
					

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Suite, Apt. #, etc. Suite, Apt. #,			Suite, Apt. #, etc.	. #, etc.		Chg-NP	CR2E03	7 (12/06)			
City & State City		City & State	& State		4. FEI Number 59-2034479			opplied For lot Applicable			
Zip		Country	Zip -	Country	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6 Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agen						
			- Sicilore Prigotti	Name	77 Trumo dito	- Addition of Holla It	ogistered A	Boile			
KASE, SUSAN C/O AMERICAN CONDO MGMT				1 1 1 1 1 1	Street Address (P.O. Box Number is Not Acceptable)						
				Street A							
		KWY W #103									
CAPE CO											
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			the purpose of changing its re	egistered office o	r registered agent, or both	n, in the State of Flo	rida. Lam fa	amiliar with	, and accept		
the obligat	ions of regist	ered agent.									
SIGNATURE .											
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating)		DATE	-			
						- 					
1	Filing Fe	e is \$61.25	9. Election Camp	paign Financing	_ \$5.00 May Be	, М	ake check	payable 1	to		
	Due by N	Tay 1, 2007	Trust Fund Co	ntribution.	Added to Fees		ida Departi	ment of S	itate		
- 12				.							
10.	1	OFFICERS AND DIR	ECTORS	11,	T =	NGES TO OFFICE	RS AND DIR	ECTORS II	N 10		
TITLE	VP		☐ Delete	TITLE	$\mid \mathcal{D} \mid$			Change	Addition		
NAME	LANESE,	EMILIA		NAME	LANESE, E	EMILIA		•			
STREET ADDRESS	4411 COL	JNTRY CLUB BLVD A4		STREET ADDRESS	,						
CITY-ST-ZIP	CAPE CO	RAL, FL 33904		CITY-ST-ZIP							
TITLE	Р		S		ST _	"			N		
TITLE	· .	TE OFDALD	Delete	TITLE	ANNE BI	DILEY		Change	Addition		
NAME		TE, GERALD	• -	NAME	ANNE	~ ~ ~ ~ ·			-		
STREET ADDRESS		JNTRY CLUB BLVD C6		STREET ADDRESS	277 POPL	HK 21.					
CITY-ST-ZIP	CAPE CO	RAL, FL 33904		CITY-ST-ZIP	CENTRAL	ISTP 1	ון ענ	722) :		
TITLE	D		☐ Delele	TITLE	VP	,		Change	☐ Addition		
NAME	TOMMAS	INI, BRUNO		NAME	TO Davis a GU		_	A			
STREET ADDRESS		JNTRY CLUB BLVD B6		STREET ADORESS	TOMMASI	NI ISRUL	۵۲				
CITY-ST-ZIP		RAL. FL 33904		CITY-ST-ZIP							
		TONE, I'E 33304		OITT-31-21F							
†ITLE	ST		☐ Delete	TITLE	17			Change	Addition		
NAME	BLACK, W	VILLIAM		NAME	BLACK, W	ILLIAM		•			
STREET ADDRESS	4417 COL	JNTRY CLUB #A1		STREET ADDRESS							
CITY-ST-ZIP	CAPE CO	RAL, FL 33904		CITY-ST-ZIP							
TITLE	D		ST Delate	TITLE	7			☐ Change	Addition		
NAME	l –	ROBERT	Delete	NAME	LINDA WC	2000			Augunon		
STREET ADDRESS		NTRY CLUB BLVD #4A		STREET ADDRESS	1245 DARW		-				
CITY-ST-ZIP				CITY-ST-ZIP				,			
OHITAGIAZIR	CAPE CO	RAL, FL 33904	***	UIT-SI-ZIF	OSAGE BE	ACH, MO	<u>4504</u>	<u>ہے</u>			
TITLE			☐ Delete	TITLE		<u>-</u>		Change	☐ Addition		
NAME				NAME							
STREET ADDRESS				STREET ADDRESS					· i		
CITY-ST-ZIP				CITY-ST-ZIP							
		- 1-4	de la companya de la								
12. Thereby	certify that the	e information supplied with	this filing does not qualify for t	tne exemptions o	contained in Chapter 119,	Florida Statutes. I	turther certif	y that the i	ntormation		

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:	1300	2 '	V. Pras.	TOMMASINI	ړ	/13	07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DIRECTOR	_	,	Date	Daytime Phone #	