

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 760233

1. Entity Name
MANGROVE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**111 SE JEFFERSON CIR N
ST PETERSBURG, FL 33703 US**

Mailing Address
**111 SE JEFFERSON CIR N
ST PETERSBURG, FL 33703 US**



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2236765

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YOUNG, CONNIE
111 SE JEFFERSON CIR N
ST PETERSBURG, FL 33703**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000346244
04/30/05-80068-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YOUNG, CONNIE A 111 SE JEFFERSON CIR N ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PROCTOR, PATRICK 125 JEFFERSON SE CIR NO ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNK, DAVID 121 SE JEFFERSON CIR N ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #