

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767934

FILED
Mar 13, 2008
Secretary of State

Entity Name: MANATEE BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3845 MANATEE DR.
ST JAMES CITY, FL 33956 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66
ST. JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 59-2784838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEHOVIC, GARY W
3343 MANTEE DRIVE
SAINT JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUTTMAN, SANDY
Address: 3501 PINE TREE DR.
City-St-Zip: ST JAMES CITY, FL 33956

Title: VD () Delete
Name: GREGORY, LIBERTY
Address: 3402 PINE TREE DRIVE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: SD () Delete
Name: CEHOVIC, GARY W
Address: 3343 MANATEE DRIVE
City-St-Zip: ST. JAMES CITY, F 33956

Title: TD () Delete
Name: GRABOWSKI, TOM
Address: 3542 PINE TREE DRIVE
City-St-Zip: ST. JAMES CITY, F 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY W. CEHOVIC

SD

03/13/2008

Electronic Signature of Signing Officer or Director

Date