2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 770699

1. Entity Name
THE BOARDWALK OF MANASOTA KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2400 N BEACH RD ENGLEWOOD, FL 34223	2400 N BEACH RD ENGLEWOOD, FL 34223

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03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2498098

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL B.
16401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SLOAN DAVID B.
STREET ADDRESS	209 THOMAS MORE PARK
CITY-ST-ZIP	COVINGTON, KY 41017
TITLE	PD
NAME	LEE, JANICE
STREET ADDRESS	2400 N. BEACH RD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	TD
NAME	MANNING, JOHN
STREET ADDRESS	6105 N. DIXIE DRIVE
CITY-ST-ZIP	DAYTON, OH
TITLE	SD
NAME	SERGENT, GARY
STREET ADDRESS	209 THOMAS MORE PARK
CITY-ST-ZIP	COVINGTON, KY 41017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
03/22/06-80057-003 61.25

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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: [signature] 3/10/06 9411474334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #