


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 770699 1. Entity Name THE BOARDWALK OF MANASOTA KEY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2400 N BEACH RD ENGLEWOOD, FL 34223	Mailing Address 2400 N BEACH RD ENGLEWOOD, FL 34223
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02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2498098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL B. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948

**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, 2007**

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

1100000647055
03/06/07-80057-002 61.25

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

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone