


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 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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DO NOT WRITE IN THIS SPACE



03062008 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000876102 04/11/08-80059-023 61.25
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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	

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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, with all other like empowered.

SIGNATURE: *John Manning* **JOHN MANNING** *3/13/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #