## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006090

Entity Name: MANATEE RIVERWALK, INC.

FILED Jun 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 321

BRADENTON, FL 34206

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 321

BRADENTON, FL 34206

FEI Number: 65-1129854 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAJMY, JOSEPH L ESQ NAJMY, JOSEPH L ESQ. C/O HARLLEE, PORGES, HAMLIN, KNOWLES P.A. 6320 VÉNTURE DRIVE

1205 MANATEE AVENUE WEST SUITE 104 BRADENTON, FL 34205 US BRADENTON, FL 34202 US

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: JOSEPH L. NAJMY, ESQUIRE 06/09/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

HODGES, KELLY PHILLIPS, LISA M D Name: Name:

Address: PO BOX 321 Address: PO BOX 321 BRADENTON, FL 34206 City-St-Zip: City-St-Zip: BRADENTON, FL 34206

Title: Title: () Delete () Change () Addition

Name: SCHIMPF, JIM Name: Address: 323 10TH AVE W #302 Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip:

Title: () Delete Title: () Change () Addition

SALISBURY, TROY Name: Name: Address: PO BOX 1000 Address: City-St-Zip: BRADENTON, FL 34206 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA MARIE PHILLIPS D 06/09/2006