

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90286 032 \*\*\*150.00

**DOCUMENT # N01459**

1. Entity Name

MANATEE 18 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4250 S.E. COMMERCE AVENUE  
STUART FL 34997

Mailing Address

4250 S.E. COMMERCE AVENUE  
STUART FL 34997



2. Principal Place of Business

4240 SE Commerce Ave

Suite, Apt. #, etc.

3. Mailing Address

4240 SE Commerce Ave

Suite, Apt. #, etc.

City & State

STUART FLA

City & State

STUART FLA

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

4. FEI Number

59-2390047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

COOK, ROBERT C.  
4250 S.E. COMMERCE AVENUE  
STUART FL 34997

7. Name and Address of New Registered Agent

Name

GARY A. HAHN

Street Address (P.O. Box Number is Not Acceptable)

4240 SE Commerce Ave.

City

STUART, FLA

FL

Zip Code

34997

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

*Gary Hahn*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reestablishing)

DATE

4-7-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROBINSON, PHILLIP A. ☐ Delete  
STREET ADDRESS 4242 S.E. COMMERCE AVENUE  
CITY-ST-ZIP STUART FL 34997

TITLE VD  
NAME COOK ROBERT C. ☐ Delete  
STREET ADDRESS 4250 SE COMMERCE AVE E  
CITY-ST-ZIP STUART FL

TITLE T ☐ Delete  
NAME COOK, DIANE K.  
STREET ADDRESS 4250 SE COMMERCE AVENUE  
CITY-ST-ZIP STUART FL 34997

TITLE S ☐ Delete  
NAME THORSON, PATRICIA A  
STREET ADDRESS 4240 SOUTHEAST COMMECE  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE THORSON, PATRICIA A ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4240 SE Commerce Ave  
CITY-ST-ZIP STUART, FLA. 34997  
TREASURER

TITLE COOK, DIANE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4250 SE Commerce Ave  
CITY-ST-ZIP STUART, FLA. 34997  
SECRETARY

TITLE GARY A HAHN ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4240 SE Commerce Ave  
CITY-ST-ZIP STUART, FLA  
2nd V.P.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Patricia A. Thorson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06

772 287 9785