


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01459</b> 1. Entity Name <b>MANATEE 18 CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4240 S.E. COMMERCE AVENUE STUART, FL 34997</b>	Mailing Address <b>4240 S.E. COMMERCE AVENUE STUART, FL 34997</b>
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04162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2390047</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HAHN, GARY A 4240 S.E. COMMERCE AVENUE STUART, FL 34997</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, PHILLIP A. 4242 S.E. COMMERCE AVENUE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK ROBERT C. 4250 SE COMMERCE AVE E STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, DIANE K. 4250 SE COMMERCE AVENUE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THORSON, PATRICIA A 4240 SOUTHEAST COMMECE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HAHN, GARY A 4240 SE COMMERCE AVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/08-80041-013 61.25

**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, with all other like empowered.

**SIGNATURE:** Patricia A. Thorson / Patricia A. Thorson 4-22-08 772-287-9785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #