2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N01459

Entity Name: MANATEE 18 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4240 S.E. COMMERCE AVENUE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

4240 S.E. COMMERCE AVENUE
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2390047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAHN, GARY A
4240 S.E. COMMERCE AVENUE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, PHILLIP A.
Address: 4242 S.E. COMMERCE AVENUE
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete
Name: COOK ROBERT C.
Address: 4250 SE COMMERCE AVE E
City-St-Zip: STUART, FL

Title: S ( ) Delete
Name: COOK, DIANE K.
Address: 4250 SE COMMERCE AVENUE
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete
Name: THORSON, PATRICIA A
Address: 4240 SOUTHEAST COMMECE
City-St-Zip: STUART, FL 34997

Title: 2VP (X) Delete
Name: HAHN, GARY A
Address: 4240 SE COMMERCE AVE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GARY A HAHN
Address: 4240 S.E. COMMERCE AVENUE
City-St-Zip: STUART, FL 34997

Title: VP (X) Change ( ) Addition
Name: COOK ROBERT C.
Address: 4250 SE COMMERCE AVE E
City-St-Zip: STUART, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A THORSON TRES 04/21/2009
Electronic Signature of Signing Officer or Director — Date