

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0081321

DOCUMENT # N02000008583

1. Entity Name

MANATEE KEY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 541359

LAKE WORTH FL 33454-1359

Mailing Address

P.O. BOX 541359

LAKE WORTH FL 33454-1359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPIR, M. RICHARD ESQ.
712 US HWY ONE STE 400
N PALM BCH FL 33408

7. Name and Address of New Registered Agent

Name **RAUCH, HARRY**

Street Address (P.O. Box Number is Not Acceptable)
1903 S. MILITARY TRAIL

City **WEST PALM BEACH** **FL** Zip Code **33415**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **RAUCH, HARRY**
STREET ADDRESS **P.O. BOX 541359**
CITY-ST-ZIP **LAKE WORTH FL 33454-1359**

TITLE **D** ☐ Delete
NAME **POWELL, KATHI**
STREET ADDRESS **P.O. BOX 541359**
CITY-ST-ZIP **LAKE WORTH FL 33454-1359**

TITLE **D** ☐ Delete
NAME **YONKER, ROSANNE**
STREET ADDRESS **P.O. BOX 541359**
CITY-ST-ZIP **LAKE WORTH FL 33454-1359**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

4/29/03 561 964 6501

CR2E037 (10/02)