

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006395

FILED
Apr 23, 2008
Secretary of State

Entity Name: MANATEE BLUFF HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

124 MELANIE LANE
APALACHICOLA, FL 32320 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 876
EASTPOINT, FL 32328 US

New Mailing Address:

P O BOX 876
EASTPOINT, FL 32328 US

FEI Number: 20-2993944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES
1914 SUNSET DR.
ST. GEORGE ISLAND, FL 32328 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
1914 SUNSET DR.
ST. GEORGE ISLAND, FL 32328 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: WAYNE M GLEASMAN

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FANN, ELLIOTT
Address: 509 N PATTERSON ST
City-St-Zip: VALDOSTA, GA 31601 US

Title: VP () Delete
Name: SCHLITT, RONALD
Address: 1672 E GULF BEACH DR
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: DTS () Delete
Name: MCCORMICK, FAYE
Address: 4913 W 97TH ST
City-St-Zip: OVERLAND PARK, KS 66207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FANN, ELLIOTT
Address: 509 N PATTERSON ST
City-St-Zip: VALDOSTA, GA 31601

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

Title: T/S (X) Change () Addition
Name: MCCORMICK, FAYE
Address: 4913 W 97TH ST
City-St-Zip: OVERLAND PARK, KS 66207

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: WAYNE M GLEASMAN

RA

04/23/2008

Electronic Signature of Signing Officer or Director

Date