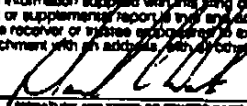


FILED  
Jun 12, 2007 8:00 am  
Secretary of State

04-26-2007 90213 046 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                                                                                                         |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>DOCUMENT # N06000008036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                                        |                |
| 1. Entity Name<br><b>NORTH MANATEE INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                                         |                |
| Principal Place of Business<br><b>8821 29TH STREET EAST<br/>PARRISH, FL 34219</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | Mailing Address<br><b>8821 29TH STREET EAST<br/>PARRISH, FL 34219</b>                                                                   |                |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | 3. Mailing Address                                                                                                                      |                |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | Suite, Apt. #, etc.                                                                                                                     |                |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | City & State                                                                                                                            |                |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country        | Zip                                                                                                                                     | Country        |
| 4. FEI Number<br><b>20-5607992</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | Applied For<br>Not Applicable                                                                                                           |                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | \$8.75 Additional Fee Required                                                                                                          |                |
| 6. Name and Address of Current Registered Agent<br><b>WILCOX, DAVID W ESQ<br/>308/ 13TH STREET WEST<br/>BRADENTON, FL 34205</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                |
| 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 changing)<br>Signature, typed or printed name of registered agent and this if applicable. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                                                                                                                         |                |
| Filing Fee is \$84.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee                          |                |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                                         |                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                                                                         |                |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME           | TITLE                                                                                                                                   | NAME           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS | STREET ADDRESS                                                                                                                          | STREET ADDRESS |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP    | CITY-ST-ZIP                                                                                                                             | CITY-ST-ZIP    |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                         |                |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME           | TITLE                                                                                                                                   | NAME           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS | STREET ADDRESS                                                                                                                          | STREET ADDRESS |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP    | CITY-ST-ZIP                                                                                                                             | CITY-ST-ZIP    |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME           | TITLE                                                                                                                                   | NAME           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS | STREET ADDRESS                                                                                                                          | STREET ADDRESS |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP    | CITY-ST-ZIP                                                                                                                             | CITY-ST-ZIP    |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME           | TITLE                                                                                                                                   | NAME           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS | STREET ADDRESS                                                                                                                          | STREET ADDRESS |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP    | CITY-ST-ZIP                                                                                                                             | CITY-ST-ZIP    |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME           | TITLE                                                                                                                                   | NAME           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS | STREET ADDRESS                                                                                                                          | STREET ADDRESS |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP    | CITY-ST-ZIP                                                                                                                             | CITY-ST-ZIP    |
| 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, and I am duly empowered. |                |                                                                                                                                         |                |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | 4-16-07 941-776-8027                                                                                                                    |                |
| Signature, typed or printed name of person officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | Date                                                                                                                                    |                |

# ATTACHMENT

LAW OFFICES OF

DAVID W. WILCOX

66018922

308 THIRTEENTH STREET WEST  
BRADENTON, FLORIDA 34205

TELEPHONE: (941) 746-2136

June 7, 2007

MAILING ADDRESS:

P. O. Box 711  
BRADENTON, FLORIDA 34206

TELECOPIER: (941) 747-2108

EMAIL: [dwilcox@wilcox-law.com](mailto:dwilcox@wilcox-law.com)

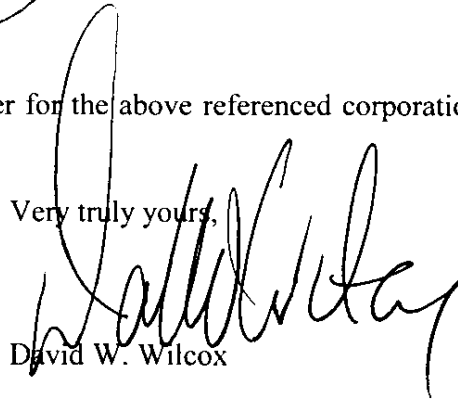
Florida Department of State  
Division of Corporations  
Annual Reports Section  
P. O. Box 6327  
Tallahassee, FL 32314

RE: North Manatee Industrial Park  
Condominium Association, Inc.  
Reference No. N06000008036

Gentlemen:

The Federal Employer Identification number for the above referenced corporation was obtained on September 26, 2006 and is 20-5607992.

Very truly yours,

  
David W. Wilcox

DWW: bbw

CC: Robert Garbutt