


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90083 046 \*\*\*\*61.25

<b>DOCUMENT # N06000011517</b>			
1. Entity Name <b>MANGROVE CAY I CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>100 CARILLON PKWY., SUITE 100 ST. PETERSBURG, FL 33716</b>		Mailing Address <b>100 CARILLON PKWY., SUITE 100 ST. PETERSBURG, FL 33716</b>	
2. Principal Place of Business - No P.O. Box # <b>10851 Mangrove Cay Lane</b>		3. Mailing Address <b>3001 Executive Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 260</b>	
City & State <b>St. Petersburg FL</b>		City & State <b>Clearwater FL</b>	
Zip <b>33716</b>	Country <b>USA</b>	Zip <b>33762</b>	Country <b>USA</b>



02192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**76-0841463**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>WARD, R. CARLTON 1253 PARK ST. CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name <b>Condominium Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 Executive Dr. Suite 260</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33762</b>	
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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 By Cyndi Caldwell, Vice President **4-5-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRD, BROOKS P 100 CARILLON PKWY., SUITE 100 ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BYRD, ROBERT W 100 CARILLON PKWY., SUITE 100 ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HESS, KATHLEEN J 100 CARILLON PKWY., SUITE 100 ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Brooks P. Byrd **3/29/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #