2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

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DOCUMENT	Γ # N06000011517	

1. Entity Name MANGROVE CAY I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1 0851 MARGROVE CAY LN S T. PETERSBURG, FL 32716	3001 EXECUTIVE DR Suite 260 Clearwater, FL 337	62			181 11881 11881 E1181 1180 48	11 187 B T 1 887 1	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apr. #, etc. Suite, 260	Suite, Apt. #, etc.		01182008	Chg-NP C	CR2E037 (12/06)		
City & State Clearwater FL	City & State		4. FEI Number 76-08414	463	— — —	plied For at Applicable	
3.3762- Pinellas	Zip	Country	5. Certificate of		-\$8.75 Add		
6. Name and Address of Current Registered Agent		Name (7. Name and Address of New Registered Agent				
GONDOMINIUM ASS. 3001 EXECUTIVE DR SUITE 260		Street Ac	Street Address (P.O. Box Number is Not Acceptable)		es		
CLEARWATER, FL 33762		-	0				
		City ()	1 Executive Dr. Suite 260				
The above named entity submits this statement for	the purpose of changing its	registered office or	Yor Wate	in the State of Florida	FL 33	762	
the obligations of registered agent.	the parpoon of origing to	Togistoroa ottioo or	rogistored agent, at betti	TO STATE OF THE STATE	a. Vanniamas min	avio accopi	
OCOMATURE							
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E; Registered Agent signatur	re required when reinstating)		DATE		
Filing Fee is \$61.25	9. Election Car	nnaion Financino		Make	- abaak sawabla te		
Due by May 1, 2008	Trust Fund (\$5.00 May Be Added to Fees		e check payable to Department of St		
10. OFFICERS AND DIR	Trust Fund (Contribution.	Added to Fees		Department of St	tate	
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10. OFFICERS AND DIR	Trust Fund (ECTORS	Contribution.	Added to Fees	Florida	Department of St	tate	
10. OFFICERS AND DIR TITLE PD NAME BYRD, BROOKS P STREET ADDRESS 100 CARILLON PKWY., SUITE 10 ST. PETERSBURG, FL 33716	Trust Fund (ECTORS Delete	11. TITLE NAME	Added to Fees	Florida	Department of St AND DIRECTORS IN Change	tate	
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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 tepor is true and apparate 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 simpowered to execute this leport 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

7NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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4- 24-0x ICER OR DIRECTOR

J37-423-8080

☐ Change

☐ Addition