2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011517

FILED Mar 27, 2009 Secretary of State

Entity Name: MANGROVE CAY I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

3001 EXECUTIVE DR 5001 FOURTH STREET NORTH SUITE 260 SUITE A CLEARWATER, FL 33762 ST. PETERSBURG, FL 33734

FEI Number: 76-0841463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. SUITE 260
CLEARWATER, FL 33762 US

LANG & BROWN, PA
5001 FOURTH STREET NORTH
SUITE A
ST. PETERSBURG, FL 33734 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: SHAWN BROWN, PA 03/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 BYRD, BROOKS P
 Name:

 Address:
 100 CARILLON PKWY., SUITE 100
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33716
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 BYRD, ROBERT W
 Name:

 Address:
 100 CARILLON PKWY., SUITE 100
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33716
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

Name:BYRD, BARBARAName:GLESON, ROSEMARYAddress:2000 GULF BLVD., #12Address:19817 GULF BLVD. #504City-St-Zip:BELLEAIR BEACH, FL 33786City-St-Zip:INDIAN SHORES, FL 33785

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: BROOKS BYRD P 03/27/2009