2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2012
Secretary of State

DOCUMENT# N07000006416

Entity Name: SPINNAKER BAY MANASOTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5053 N. BEACH RD.
UNIT 1
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

5053 N. BEACH RD.
UNIT 1
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 26-0448868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORZILIUS, ERIK V
2100 TAMIAMI TRAIL S
SUITE C
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: ARP, DAVID L
Address: 5053 N. BEACH RD., UNIT 1
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP
Name: ARP, CATHERINE M
Address: 5053 N. BEACH RD., UNIT 1
City-St-Zip: ENGLEWOOD, FL 34223

Title: S
Name: GOOGINS, CINDY L
Address: 5053 N. BEACH RD., UNIT 1
City-St-Zip: ENGLEWOOD, FL 34223

Title: T
Name: ARP, DAVID S
Address: 5053 N. BEACH RD., UNIT 1
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP
Name: GOOGINS, BRYAN
Address: 5053 N. BEACH RD., UNIT 1
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: DAVID L ARP P 08/31/2012

Electronic Signature of Signing Officer or Director — Date