

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90230 040 ****61.25

DOCUMENT # N09646

1. Entity Name
MANATEE RIVER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3303 7TH ST CIR W.
PALMETTO, FL 34221 US

Mailing Address
3303 7TH ST CIR W.
PALMETTO, FL 34221 US

60043261



2. Principal Place of Business - No P.O. Box #
3309 7th ST. CIR. WEST

3. Mailing Address
Suite, Apt. #, etc.

04232007 Chg-NP CR2E037 (12/06)

City & State
PALMETTO, FL

City & State

4. FEI Number
59-2561504

☒ Applied For
☐ Not Applicable

Zip
34221

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSEN, MARK
3303 7TH ST CIR W.
PALMETTO, FL 34221

Name **CAROL HESS**
Street Address (P.O. Box Number is Not Acceptable)
3309 7th ST. CIR. WEST
City **PALMETTO, FL** Zip Code **34221**

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 **Carol Hess**

4-25-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, MARK	
STREET ADDRESS	3303 7TH STREET CIR W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALONEY, SCOTT	
STREET ADDRESS	3331 7TH STREET CIRCLE W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VAN DER NOORD, HARRY	
STREET ADDRESS	3327 7TH ST CIR W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL HESS	
STREET ADDRESS	3309 7th ST. CIR. W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGIL MILLS	
STREET ADDRESS	3304 7th ST. CIR. W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: **Carol Hess**

4-25-07

94-6723-5025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #