


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N09646	
1. Entity Name MANATEE RIVER HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3309 7TH ST. CIR WEST PALMETTO, FL 34221 US	Mailing Address 3303 7TH ST CIR W. PALMETTO, FL 34221 US
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2561504	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HESS, CAROL
3309 7TH ST. CIR WEST
PALMETTO, FL 34221

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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: _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000927324 05/20/08-80101-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HESS, CAROL 3309 7TH ST. CIR. W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, SCOTT 3331 7TH STREET CIRCLE W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, VIRGIL 3304 7TH ST. CIR. W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 **4-25-08** **94-723-5025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #