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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90055 048 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47125**

1. Corporation Name  
**PORT MANATEE TENANT'S ASSOCIATION, INC.**

Principal Place of Business C/O LAFARGE FLORIDA 304 NATIONAL ST PALMETTO FL 34221 US	Mailing Address C/O LAFARGE FLORIDA 304 NATIONAL ST PALMETTO FL 34221 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0320981
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**RYAN, NICHOLAS E. J**  
**304 NATIONAL ST**  
**STE 2900**  
**PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	RYAN, NICHOLAS E. JR	
STREET ADDRESS	304 NATIONAL ST/PT MANATEE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMPLE, MARK	
STREET ADDRESS	475 N DOCK ST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STANSBERRY, DONNA	
STREET ADDRESS	P.O. BOX 338 NA	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, ODELL	
STREET ADDRESS	2114 PINEY POINT RD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EDENFIELD, L. EUGENE	
STREET ADDRESS	13250 EASTERN AVE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFIELD, EDWARD E	
STREET ADDRESS	RT 7./PT MANATEE	
CITY-ST-ZIP	PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PD PETER ERB
6.3 STREET ADDRESS	200 SO. TERMINAL ST.
6.4 CITY-ST-ZIP	PALMETTO, FL. 34221

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/24/99 DAYTIME PHONE #: 941-722-3480

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)