

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 9:37

DOCUMENT # **N50784** (0)
1. Corporation Name
MANATEE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1662 NE DIXIE HWY JENSEN BEACH FL 34957 **1662 NE DIXIE HWY JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0371683** Applied For Not Applicable
5. Certificate or Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BURGE, REGINALD J
1662 NE DIXIE HWY
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent
81 Name **Miss Heather Burge**
82 Street Address (P.O. Box Number is Not Acceptable) **1577 NE Nautical Place Unit #104**
83
84 City **Jensen Beach** FL 85 Zip Code **34957**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Heather E. Burge* Director 3/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURGE, REGINALD J
STREET ADDRESS	1662 NE DIXIE HWY
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	D
NAME	BURGE, EDWARD J J
STREET ADDRESS	1662 NE DIXIE HWY
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	VSD
NAME	BURGE, LOIS F
STREET ADDRESS	1662 NE DIXIE HWY
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	T
NAME	BURGE, HEATHER L
STREET ADDRESS	1662 NE DIXIE HWY
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John L. Neil	
1.3 STREET ADDRESS	1577 NE Nautical Place, #107	
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reginald J. Burge	
2.3 STREET ADDRESS	1662 NE Dixie Hwy	
2.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patricia Anne Kupp	
3.3 STREET ADDRESS	1534 NE Beacon Drive Unit 204	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard C. Marney	
4.3 STREET ADDRESS	1577 NE Nautical Place # 1107	
4.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Heather Lois Burge	
5.3 STREET ADDRESS	1577 NE Nautical Place # 104	
5.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Reginald J. Burge* Date **3/11/95** 407 3347689
Signature and typed or printed name of signing officer or director