

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N50784**

1. Entity Name  
**MANATEE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 JUL 25 PM 8:37

Principal Place of Business  
**2340 NE DIXIE HWY  
JENSEN BEACH, FL 34957 US**

Mailing Address  
**PO BOX 1044  
JENSEN BEACH, FL 34958**

2. Principal Place of Business - No P.O. Box #  
**666 NE DIXIE HWY**

3. Mailing Address  
**MANATEE VILLAGE  
Suite, Apt. #, etc.  
PO BOX 111**

City & State  
**JENSEN BEACH, FL**

City & State  
**JENSEN BEACH, FL**

Zip  
**34957**

Country  
**USA**

Zip  
**34958**

Country  
**USA**



6. Name and Address of Current Registered Agent  
**ROBERT, MELNICK  
1577 NE NAUTICAL PL  
UNIT 102  
JENSEN BEACH, FL 34957**

7. Name and Address of New Registered Agent  
Name  
**MELNICK, ROBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1577 NE NAUTICAL PLACE UNIT 102**  
City  
**JENSEN BEACH** **FL** Zip Code  
**34957**

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 *[Signature]* DATE **06/27/2007**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$297.50**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELNICK, R J 1577 NE NAUTICAL PL., #102 JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEVENLISS, STARR 1877 NE NAUTICAL PL. #105 JENSEN BEACH, FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RENNON, GUY 1554 NE BEACON DR., #203 JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CECELIA, SANDY 1877 NE NAUTICAL PL # 103 JENSEN BEACH, FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DI MURO, RAYMOND D 1577 NE NAUTICAL PLACE UNIT JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAME, WILLIAM 1554 NE BEACON DR, #205 JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CECELIA, JAMES 1877 NE NAUTICAL PL # 103 JENSEN BEACH, FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* X *[Signature]* X *[Signature]* DATE **05/09/07** 772-225-5058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR