


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90027 010 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N96000001691</b><br>1. Entity Name<br><b>MANATEE WEST MERCHANTS ASSOCIATION, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>7459 MANATEE AVE. W.<br/>BRADENTON FL 34209<br/>US</b>  |  |   | Mailing Address<br><b>7459 MANATEE AVE. W.<br/>BRADENTON FL 34209<br/>US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br><b>65-0655286</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>GOLABEK, ROBYN<br/>7459 MANATEE AVE. W.<br/>BRADENTON FL 34209</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TD<br>GOLABEK, ROBYN<br>7427 MANATEE AVENUE WEST<br>BRADENTON FL 34209 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <div style="border: 1px solid black; padding: 5px;"> <b>7459 MANATEE AVE. W.</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>KAISER, CAROLYN<br>3814 SOUTHERN PKY W<br>BRADENTON FL 34209 <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>LEECH, LINDSEY<br>7449 MANATEE AVE WEST<br>BRADENTON FL 34209 <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Robyn J. Golabek 2/23/07 941-761-3548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #