

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N9600002977 (4)**

1. Corporation Name

MANATEE TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address		
5129 CASTELLO DRIVE STE 2 NAPLES FL 33940	5129 CASTELLO DRIVE STE 2 NAPLES FL 34103-1903		
2. Principal Place of Business	2a. Mailing Address		
21 5100 N. TAMiami TRAIL Suite, Apt. #, etc.	26 5100 N. TAMiami TRAIL Suite, Apt. #, etc.		
22 SUITE 201 City & State	27 SUITE 201 City & State		
23 NAPLES, FLORIDA Zip	28 NAPLES, FLORIDA Zip		
24 34103	25 Country	29 34103	30 U.S.

3. Date Incorporated or Qualified <b>06/05/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0670969</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name **SZEMPRUCH, DAVID J**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5100 N. TAMiami TRAIL**  
83  
84 City **NAPLES** FL 85 Zip Code **34103**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
>Title	D GODE, LARRY J 5129 CASTELLO DRIVE STE 2 NAPLES FL 33940	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D GODE, LARRY J 5100 N. TAMiami TRAIL, SUITE 201 NAPLES, FLORIDA 34103 <input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title	D SZEMPRUCH, DAVID J 5129 CASTELLO DRIVE STE 2 NAPLES FL 33940	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D SZEMPRUCH, DAVID J 5100 N. TAMiami TRAIL, SUITE 201 NAPLES, FLORIDA 34103 <input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title	D ADAMS, DIANA M 5129 CASTELLO DRIVE STE 2 NAPLES FL 33940	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D ADAMS, DIANA M 5100 N. TAMiami TRAIL, SUITE 201 NAPLES, FLORIDA 34103 <input type="checkbox"/> Change <input type="checkbox"/> Addition
>Title		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
>Title		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
>Title		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

314/97 941-261-8484

Date Day/Nite Phone # 0056979

CR2E037 (9/96)