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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002977 (4)**

1. Corporation Name

MANATEE TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5129 CASTELLO DRIVE STE 2 NAPLES FL 33940	Mailing Address 5129 CASTELLO DRIVE STE 2 NAPLES FL 34103-1903
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3. Date Incorporated or Qualified 06/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21 5100 N. TAMiami TRAIL Suite, Apt. #, etc.	2a. Mailing Address 26 5100 N. TAMiami TRAIL Suite, Apt. #, etc.
22 SUITE 201 City & State	27 SUITE 201 City & State
23 NAPLES, FLORIDA Zip Country	28 NAPLES, FLORIDA Zip Country
24 34103 25 U.S.	29 34103 30 U.S.

4. FEI Number 65-0670969	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent SZEMPRUCH, DAVID J 5129 CASTELLO DRIVE STE 2 NAPLES FL 33940	
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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 SUITE 201 84 City NAPLES 85 Zip Code FL 34103	
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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	
TITLE D	<input type="checkbox"/> DELETE
NAME GODE, LARRY J	
STREET ADDRESS 5129 CASTELLO DRIVE STE 2	
CITY-ST-ZIP NAPLES FL 33940	
TITLE D	<input type="checkbox"/> DELETE
NAME SZEMPRUCH, DAVID J	
STREET ADDRESS 5129 CASTELLO DRIVE STE 2	
CITY-ST-ZIP NAPLES FL 33940	
TITLE D	<input type="checkbox"/> DELETE
NAME ADAMS, DIANA M	
STREET ADDRESS 5129 CASTELLO DRIVE STE 2	
CITY-ST-ZIP NAPLES FL 33940	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME GODE, LARRY J	
1.3 STREET ADDRESS 5100 N. TAMiami TRAIL, SUITE 201	
1.4 CITY-ST-ZIP NAPLES, FLORIDA 34103	
2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SZEMPRUCH, DAVID J	
2.3 STREET ADDRESS 5100 N. TAMiami TRAIL, SUITE 201	
2.4 CITY-ST-ZIP NAPLES, FLORIDA 34103	
3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ADAMS, DIANA M	
3.3 STREET ADDRESS 5100 N. TAMiami TRAIL, SUITE 201	
3.4 CITY-ST-ZIP NAPLES, FLORIDA 34103	
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 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 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 of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

941-201-8484

Daytime Phone # 0058978

CR2E037 (9/96)