



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90025 004 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N99000001064</b><br>1. Entity Name<br><b>MANATEE RESERVE HOMEOWNERS ASSOCIATION, INC.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>SOUTH PATRICK DRIVE<br/>INDIAN HARBOUR BEACH, FL 32937</b>   |   |  | Mailing Address<br><b>1300 PINETREE DRIVE<br/>SUITE 9<br/>INDIAN HARBOUR BEACH, FL 32937</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |  |  |
| City & State   |   | City & State   |   | 01282008 Chg-NP CR2E037 (12/06)  |  |
| Zip  |   | Country  |   | 4. FEI Number<br><b>59-3559469</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DEPENDABLE PROPERTY MANAGEMENT, LLC<br/>1300 PINETREE DRIVE<br/>9<br/>INDIAN HARBOUR BEACH, FL 32937</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GORMAN, BARRY<br>520 MCGUIRE BLVD<br>INDIAN HARBOUR BEACH, FL 32937       | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>WARD, BUTCH<br>523 MCGUIRE BLVD<br>INDIAN HARBOR BEACH, FL 32937          | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>STRININGER, LEE<br>306 VERONICA CT.<br>INDIAN HARBOUR BEACH, FL 32937     | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>JORDAN, GEORGE<br>519 MCGUIRE BLVD<br>INDIAN HARBOUR BEACH, FL 32937      | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LORD, CARL<br>807 VERONICA CT<br>INDIAN HARBOUR BEACH, FL 32937            | <input checked="" type="checkbox"/> Delete                                       |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <i>MR. ROBERT SCHWARTZ</i><br><i>400 MCGUIRE BLVD</i><br><i>E.H. B. B. PARK</i> | <input type="checkbox"/> Delete  |   |  |  |
| 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 _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |
| SIGNATURE: <i>[Signature]</i>  |   |  | Date _____ Daytime Phone # _____  |  |  |

61.25