2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004328

FILED Apr 20, 2009 Secretary of State

Entity Name: THE MANGROVE POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
	ISH COURT	US		·		
Current Mailing Address:				New Mailing Address:		
P O BOX 15 PALMETTO		US				
FEI Number: (55-0936227	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CHRISTIAN 4010 REDF PALMETTC	ISH COURT	US		CHRISTIAN, NANCY A 4010 REDFISH COUR PALMETTO, FL 34221	T	
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.						
SIGNATURE: NANCY A CHRISTIAN					04/20/2009	
		c Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () CHRISTIAN, NAN 4010 REDFISH (PALMETTO, FL	COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FRYE, PAT 3806 REDFISH (PALMETTO, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GROBAKER, CH 4209 REDFISH (PALMETTO, FL	COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HARTMAN, KEVI 4303 COBIA CO PALMETTO, FL	URT		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SPARKS, BOB 4009 COBIA CO PALMETTO, FL			Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY A CHRISTIAN D 04/20/2009