

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722240

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC3808879686**

**Entity Name:** PORT MANATEE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4553 S.E. HORSESHOE POINT RD  
BUILDING TWO UNIT # 5  
STUART, FL 34997

**Current Mailing Address:**

P.O. BOX 761  
PORT SALERNO, FL 34992

**FEI Number: 59-1585184**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ROBERTSON, JEROME L  
BLDG. #2 UNIT #5  
4553 S.E. HORSESHOE POINT RD.  
STUART, FL 34997 US

*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: JEROME L ROBERTSON**

**01/05/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BENNETT, EDWIN  
Address 4755 SE BOLLARD AVENUE  
City-State-Zip: STUART FL 34997

Title D  
Name FEDERKO, GEORGE  
Address 4554 S.E. HORSESHOE PT. RD.  
City-State-Zip: STUART FL 34997

Title SD  
Name LYNCH, LOIS  
Address 4726 SE CAPSTAN AVE BLDG 1-6  
City-State-Zip: STUART FL 34997

Title P  
Name ROBERTSON, JEROME L  
Address 140 ADAMS RD  
City-State-Zip: CONCORD MA 01742

Title D  
Name TOWNSHEND, KATHY  
Address P.O. BOX 89  
City-State-Zip: PORT SALERNO FL 34992

*I hereby 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 all other like empowered.*

**SIGNATURE: JEROME L ROBERTSON**

**PRESIDENT**

**01/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date