FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

APPROVED AND FILED
97 APR 21 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06973

1. Corporation Name

Midport Place II Condominium Association Inc.

Principal Place of Business	Mailing Address
1555 SE Royal Green Circle Port St. Lucie, FL 34952-7625	1555 SE Royal Green Circle Port St. Lucie, FL 34952-7625

3. Date Incorporated or Qualified: Feb. 11, 1985
3a. Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address
21 1555 SE Royal Green Circle	26 1555 SE Royal Green Circle
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Port ST. Lucie FL	City & State 28 Port St. Lucie FL
Zip / Country 24 34952-7625 / 25 St. Lucie	Zip / Country 29 34952-7625 / 30 St. Lucie

4. FEI Number: 59-245-9658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
N/A	81 Name: Deborah L. Ross, Esquire 82 Street Address (P.O. Box Number is Not Acceptable): Wackeen, Cornett & Googe, P.A. 83: 401 East Osceola Street 84 City: Stuart FL 85 Zip Code: 34994

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: Deborah L. Ross, Esq. Deborah L. Ross, Esq. 4/3/97
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Burge, Reginald 1546 Royal Green Circle Port St. Lucie, FL 34952 — ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Director Commins, Michael 1560 Royal Green Circle Port St.Lucie, FL 34952 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director Osborne, Robert 1544 Royal Green Circle Port St. Lucie, FL 34952 — ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President/Director Miller, Linda — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director O'Hara, Gloria 1558 Royal Green Circle Port St. Lucie, FL 34952 — ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary/Director Rosendale, Robert — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Venzina, Robert 1534 Royal Green Circle, PSL FL 34952 — ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer/Director Crupi, Richard — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Salina, Johnert 1536 Royal Green Circle Port St. Lucie, FL 34952 — ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Gannon, Irene — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gaskin, Beverley 1546 Royal Green Circle L204 Port St. Lucie, FL 34952 — ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	~~Director (s)~~ ~~Sylvester, Anthony~~ ~~Lorenz, Charles~~ — ☒ Change ☐ Addition

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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: Michael J. Commins MICHAEL J. COMMINS 4/3/97 1-561-337-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #