

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06973

FILED
Jul 02, 2007
Secretary of State

Entity Name: MIDPORT PLACE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1555 SE ROYAL GREEN CIRCLE
PT. ST. LUCIE, FL 349527325

New Principal Place of Business:

Current Mailing Address:

1555 SE ROYAL GREEN CIRCLE
PT. ST. LUCIE, FL 349527325

New Mailing Address:

FEI Number: 59-2459658 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, LINDA
1555 SE ROYAL GREEN CIR
PORT SAINT LUCIE, FL 34952 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, LINDA M
Address: 1555 SE ROYAL GREEN CIR
City-St-Zip: PORT ST. LUCIE, FL 349527625

Title: V.P. () Delete
Name: CARROLL, JEAN
Address: 1555 SE ROYAL GREEN CIR
City-St-Zip: PORT ST. LUCIE, FL 349527625

Title: S () Delete
Name: SHERMAN, MARGARET
Address: 1555 SE ROYAL GREEN CIR
City-St-Zip: PT. ST. LUCIE, FL 349527625

Title: TD () Delete
Name: SYLVESTER, EMANUELLA
Address: 1555 SE ROYAL GREEN CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: WALLACE, REINER
Address: 1555 SE ROYAL GREEN CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V.P. (X) Change () Addition
Name: REINER, WALLACE
Address: 1555 SE ROYAL GREEN CIR
City-St-Zip: PORT ST. LUCIE, FL 349527625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERTS, JERRY
Address: 1555 SE ROYAL GREEN CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: MARGARET SHERMAN

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07/02/2007

Electronic Signature of Signing Officer or Director

Date