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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N10987

(8)

MIDT	OWN OFFICE PARK CON	NDOMINIUM ASSOCIATIOI	N, INC				1151 2171 2181 5181 5191
Principal Pla	ce of Business	Mailing Address				0]	018 018 118 018 618
% JOHN W I 1225 S TAMI SARASOTA F	AMI TRAIL. P O BOX 2892	% JOHN W MESHAD 1225 S TAMIAMI TRAIL. F SARASOTA FL 34239-220		92			
UNITED TR	_ OTEOU				3. Date Incorporated or Qual 09/06/1985	ified 3a.	Date of Last Report 03/22/1996
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2694847		Applied Fo
Suite, Ap	. #, etc.	Suite, Apt #, etc.		<u> </u>	5. Certificate of Status Desire	d 🔲	\$8.75 Additions Fee Required
City & Sta	ate	City & State					\$5.00 May Be Added to Fees
Z _{IP}	Country 25	7ip	— —	try	8. This corporation has liabilit	ty for intangib	le tax under s. 199.03.
<u> </u>	9. Name and Address of Cu		3. Date Incorporated or Qualified 034. Date of 09/06/1985 03/ dress 4. FEI Number 59-2694847 #, etc. 5. Certificate of Status Desired 5 6. Election Campaign Financing 1 Trust Fund Contribution 5 Country 8. This corporation has liability for intangible tax to Florida Statutes 7 Yes 7 No.				
			8	11 Name	(2) Inhino Alia CARINA Al III		w - 18 w 110
	AD, JOHN W		6	Street Add	fress (P.O. Box Number is Not Acc	eptable)	
	ringling blvd Sota fl 33577		8	13			
			6	City		F	85 Zip Code
	realsteres agent, or both, in the t	State of Florida, Such change was	authorizea	by the corpora	ation's board of directors. I hereby	accept the at	ppointment as register
	I to the provisions of Sections 617 registered agent, or both, in the sam familiar with, and accept the of Square types or presidence of register.				ired when reinstating)	DATE	
agent I SIGNATURE	Signal we hypeo or provid name of register	red agent and little if applicable (NOT S AND DIRECTORS				DATE	
SIGNATURE	Signer we have do providingly of register OFFICERS	not agent and little if applicable (NOT	E: Registered A	agent signature requi	ired when reinstating)	DATE	
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Secretary of State