

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N37135

1. Entity Name

M & I CONDOMINIUM ASSOCIATION, INC.



FILED
Feb 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

C/O MARTIN RAPPAPORT
1241 TREE BAY LANE
SARASOTA FL 34242

Mailing Address

C/O MARTIN RAPPAPORT
1241 TREE BAY LANE
SARASOTA FL 34242



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0304992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

RAPPAPORT, MARTIN
1241 TREE BAY LANE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RAPPAPORT, MARTIN
STREET ADDRESS 1241 TREE BAY LANE
CITY-ST-ZIP SARASOTA FL 34242

TITLE VD ☐ Delete
NAME RAPPAPORT, IRIS
STREET ADDRESS 1241 TREE BAY LANE
CITY-ST-ZIP SARASOTA FL 34242

TITLE ST ☐ Delete
NAME RAPPAPORT, IRIS
STREET ADDRESS 1241 TREE BAY LANE
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000644066
CITY-ST-ZIP 03/02/07-80026-022 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin Rappaport
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

2/19/7

941-346-4131
Date Daytime Phone #