

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06973

**Entity Name:** MIDPORT PLACE II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1555 SE ROYAL GREEN CIRCLE  
PT. ST. LUCIE, FL 34952-7325**Current Mailing Address:**1555 SE ROYAL GREEN CIRCLE  
PT. ST. LUCIE, FL 34952-7325**FEI Number:** 59-2459658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERMAN, MARGARET  
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**Officer/Director Detail :**

Title	PRESIDENT
Name	PUENTES, MAURICIO VINCENT
Address	1555 SE ROYAL GREEN CIRCLE
City-State-Zip:	PT. ST. LUCIE FL 34952-7325

Title	TREASURER
Name	BUTTAFUOCO, DONNA
Address	1555 SE ROYAL GREEN CIRCLE
City-State-Zip:	PT. ST. LUCIE FL 34952-7325

Title	SECRETARY
Name	SHERMAN, MARGARET P
Address	1555 SE ROYAL GREEN CIR
City-State-Zip:	PT. ST. LUCIE FL 34952-7625

Title	ASST. SECRETARY
Name	PIERCE, LINDA
Address	1555 SE ROYAL GREEN CIR
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	VP
Name	SUBA, BLANDINA
Address	1555 SE ROYAL GREEN CIR.
City-State-Zip:	PORT SAINT LUCIE FL 34952

*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: MARGARET SHERMAN****SECRETARY****01/02/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date