


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90399 009 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # 703673</b><br>1. Entity Name<br><b>MICHIGAN CONDOMINIUM ASSOCIATION, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>1444 S.E. 15TH COURT<br/>DEERFIELD BEACH, FL 33441 US</b>   |  |  | Mailing Address<br><b>500 N.E. SPANISH RIVER BLVD., #18<br/>BOCA RATON, FL 33431 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>500 NE Spanish River Blvd</b>  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Ste 18</b>                              |  |  |
| City & State<br><b>Boca Raton FL</b>  |  |  | City & State<br><b>Boca Raton FL</b>  |  |  |
| Zip<br><b>33431</b>   |  | Country<br><b>US</b>   |   | 4. FEI Number<br><b>59-1879077</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WILLIS, ERNEST W<br/>500 N.E. SPANISH RIVER BLVD., STE 18<br/>BOCA RATON, FL 33431</b>  |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>GIOIELLI, MARY<br>1444 SE 15TH COURT #201<br>DEERFIELD BEACH, FL 33441             | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>Michael Weglorz Jr<br>PO Box 238<br>Middlebury, CT 06762-0238  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>WELLS, FLORENCE<br>1444 SE 15TH COURT #103<br>DEERFIELD BEACH, FL 33441           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>John Zilai<br>1444 SE 15th Court #103<br>Deerfield Beach, FL 33441   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>VOLTOLIN-MOTTO, ANTOINETTE<br>1444 SE 15TH COURT #104<br>DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Ernest Willis* 4-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #