of the

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 04, 2008 8:00 am Secretary of State

05-16-2008 90019 027 ****61 24

DOCUMENT # 703673 1. Entity Name MICHIGAN CONDOMINIUM ASSOCIATION, INC.					5-16-2008	. 90019 027	51.23	
Principal Place of Business 500 NE SPANISH RIVER BLVD 500 NE. SPANISH RIVER SUITE 18 BOCA RATON, FL 33431 US Mailing Address 500 N.E. SPANISH RIVER BOCA RATON, FL 33431					3187 			
Principal Place of Business - No P.O. 8ox # 3. No		3. Mailing Address	Mailing Address				FIETER ET 1871	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (12/06	3)	
City & State		City & State		4. FEI Number 59-18790	77		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 Fee Requ	Additional pired	
	6. Name and Address of Current i	Registered Agent		7. Name and Ad	dress of New	Registered Agent		
			Name					
WILLIS, ERNEST W 500 N.E. SPANISH RIVER BLVD., STE 18 BOCA RATON, FL 33431			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement for tions of registered agent.	the purpose of changing I	ts registered office or regi	istered agent, or both, in	the State of	Florida. I am familiar w	th, and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent a	indinde il applicable (NC	TE: Registered Agent signature req	quired when rainstating)	T	DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	OTE: Registered Agent algrature requirements ampaign. Financing Contribution.	\$5.00 May Be Added to Fees	No. of the	Make checkpayabi orida Department o	Slatë:	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election C Trust Fund ECTORS	ampaign Financing	\$5.00 May Be Added to Fees	No. of the	Make checkpayable orida Department of CERS AND DIRECTORS	State) IN 10	
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12. I hereby certify that the information supplied with this filting 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 frue 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 trustage 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

Florence Wells Zelai SIGNATURE AND TYPED OR PRODUCED NAME OF SIGNING OFFICER OF DIRECTOR

3/28/08

Daytime Phone €