

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90275 022 \*\*\*\*61.25

**DOCUMENT # 727174**

1. Entity Name

**MIDNIGHT PASS PROPERTIES INC**



Principal Place of Business

6157 MIDNIGHT PASS ROAD  
SARASOTA FL 34242

Mailing Address

6157 MIDNIGHT PASS ROAD  
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

**C/O CASEY CONDO MANAGEMENT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4370 S. TAMiami TRAIL, STE. 102 1st MOORE CR2E037 (10/05)**

City & State

City & State  
**SARASOTA, FL**

4. FEI Number

**59-1603080**

Applied For

Not Applicable

Zip

Country

Zip

**34231**

Country

**SARASOTA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUS PROPERTY MGMT.  
2477 STICKNEY POINT RD  
#118A  
SARASOTA FL 34231**

Name

**BRIDGET SPENCE**

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

**CASEY CONDOMINIUM MANAGEMENT**

**4370 S. TAMiami TRAIL, SUITE 102**

City

**SARASOTA**

FL

Zip Code

**34231**

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

*Bridget Spence*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-06**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 VPD ☐ Delete  
NAME SESTI, STEVE  
STREET ADDRESS 6157 MIDNIGHT PASS ROAD, # E55  
CITY-ST-ZIP SARASOTA FL 34242

TITLE PD ☐ Delete  
NAME CICORA, GLENN  
STREET ADDRESS 6157 MIDNIGHT PASS ROAD A11  
CITY-ST-ZIP SARASOTA FL 34242

TITLE TDP ☒ Delete  
NAME SOEDER, LEONARD  
STREET ADDRESS 6157 MIDNIGHT PASS  
CITY-ST-ZIP SARASOTA FL 34242

TITLE TD ☐ Delete  
NAME STEPHENS, VIRGINIA  
STREET ADDRESS 6157 MIDNIGHT PASS ROAD A73  
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Delete  
NAME PASCARELLA, TONY  
STREET ADDRESS 4006 SHELBY RD  
CITY-ST-ZIP YOUNGSTOWN OH 44511

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS MIDDLETON, JACQUELINE  
CITY-ST-ZIP 6157 MIDNIGHT PASS ROAD, E61  
SARASOTA, FL 34242

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS DELGATO, VINCENT  
CITY-ST-ZIP 6157 MIDNIGHT PASS ROAD, A21  
SARASOTA, FL 34242

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Steve Sesti VP*

*4/26/06*