

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737697 (3)
1. Corporation Name
MIDNIGHT COVE ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1976	3a. Date of Last Report 04/25/1994
4. FEI Number 59-1788106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business 1801 GLENGARY STREET SARASOTA FL 34231-3803		Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-3803	
21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. City & State
25. Zip	26. Country	27. Zip	28. Country

9. Name and Address of Current Registered Agent

**CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3803**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME YATES, ANDREW J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6304 MIDNIGHT COVE RD 512	CITY - ST - ZIP FARMINGTON HILLS MI	1.2 NAME	
TITLE VO	NAME ELLIOTT, JOHN R	1.3 STREET ADDRESS	
STREET ADDRESS 6306 MIDNIGHT COVE RD 913	CITY - ST - ZIP SARASOTA FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME COPELAND, BARBARA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6350 MIDNIGHT COVE RD 720	CITY - ST - ZIP SARASOTA FL	2.2 NAME	
TITLE TD	NAME PHILIPPI, FRED R	2.3 STREET ADDRESS	
STREET ADDRESS 1156 HILLTOP DR NW	CITY - ST - ZIP NEW PHILADELPHIA OH	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME OWEN, EUGENE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RFD 3 NA	CITY - ST - ZIP MONTPELIER OH	3.2 NAME	
TITLE D	NAME HOLLENSTEINER, JAMES A	3.3 STREET ADDRESS	
STREET ADDRESS 168 KIMBERLY	CITY - ST - ZIP BARRINGTON IL	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew J. Yates PRESIDENT 2/24/95 813-349-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Phone #
Andrew J. Yates PRESIDENT 2/24/95