

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 737697 (3)
1. Corporation Name

MIDNIGHT COVE ASSOCIATION INC.



Principal Place of Business: 1801 GLENGARY STREET SARASOTA FL 34231-3603
Mailing Address: 1801 GLENGARY STREET SARASOTA FL 34231-3603

3. Date Incorporated or Qualified: 12/30/1976
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: 59-1788106
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603
10. Name and Address of New Registered Agent (B1-B5):
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ B5 Zip Code: FL _____

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, ANDREW J	1.2 NAME	
STREET ADDRESS	6304 MIDNIGHT COVE RD 512	1.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, JOHN R	2.2 NAME	
STREET ADDRESS	6396 MIDNIGHT COVE RD 913	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, BARBARA	3.2 NAME	Proeschel, Diane
STREET ADDRESS	6350 MIDNIGHT COVE RD 720	3.3 STREET ADDRESS	6396 Midnight Cove Rd., #910
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPPI, FRED R	4.2 NAME	
STREET ADDRESS	1156 HILLTOP DR NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PHILADELPHIA OH	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	400001776204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, EUGENE	5.2 NAME	-04/11/96--01023--012
STREET ADDRESS	RFD 3 NA	5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	MONTPELIER OH	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSIG, BILL J.	6.2 NAME	
STREET ADDRESS	6350 MIDNIGHT COVE ROAD, #723	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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 119.07(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 617, 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 Date: 4/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ANDREW J. YATES, PRESIDENT Daytime Phone: 941-346-0509

CR2E037 (12/95)