

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

Mailing Address

**1801 GLENGARY STREET
SARASOTA FL 34231-3603**

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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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1788106

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3603**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD YATES, ANDREW J**
STREET ADDRESS **6304 MIDNIGHT COVE RD 512**
CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE ☐ DELETE
NAME **VD ELLIOTT, JOHN R**
STREET ADDRESS **6396 MIDNIGHT COVE RD 913**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **SD COPELAND, BARBARA**
STREET ADDRESS **6350 MIDNIGHT COVE RD 720**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **TD PHILLIPPI, FRED R**
STREET ADDRESS **1156 HILLTOP DR NW**
CITY-ST-ZIP **NEW PHILADELPHIA OH**

TITLE ☐ DELETE
NAME **D OWEN, EUGENE**
STREET ADDRESS **RFD 3 NA**
CITY-ST-ZIP **MONTPELIER OH**

TITLE ☐ DELETE
NAME **D LESSIG, BILL J.**
STREET ADDRESS **6350 MIDNIGHT COVE ROAD, #723**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S/D Proeschel, Diane**
3.3 STREET ADDRESS **6396 Midnight Cove Rd., #910**
3.4 CITY-ST-ZIP **Sarasota, FL 34242**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW J. YATES, PRESIDENT

Date

Daytime Phone

4/5/96

941-346-0509

CR2E037 (12/95)