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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737697 (3)
1. Corporation Name
MIDNIGHT COVE ASSOCIATION INC.



Principal Place of Business 1801 GLENGARY STREET SARASOTA FL 34231-3803	Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-3803
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3. Date Incorporated or Qualified 12/30/1976	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number 59-1788106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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	PD <input type="checkbox"/> DELETE
NAME	YATES, ANDREW J
STREET ADDRESS	6304 MIDNIGHT COVE RD 512
CITY- ST- ZIP	FARMINGTON HILLS MI
TITLE	VD <input type="checkbox"/> DELETE
NAME	ELLIOTT, JOHN R
STREET ADDRESS	6398 MIDNIGHT COVE RD 913
CITY- ST- ZIP	SARASOTA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	PROESCHEL, DIANE
STREET ADDRESS	6398 MIDNIGHT COVE RD., #910
CITY- ST- ZIP	SARASOTA FL 34242
TITLE	TD <input type="checkbox"/> DELETE
NAME	PHILLIPPI, FRED R
STREET ADDRESS	1158 HILLTOP DR NW
CITY- ST- ZIP	NEW PHILADELPHIA OH
TITLE	D <input type="checkbox"/> DELETE
NAME	OWEN, EUGENE
STREET ADDRESS	RFD 3 NA
CITY- ST- ZIP	MONTPELIER OH
TITLE	D <input type="checkbox"/> DELETE
NAME	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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** **John Elliott** 941/349-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000001

CR2E037 (9/96)

P/D

Mr. John R. ElliottLocal Address6396 Midnight Cove Road
#913
Sarasota, FL 34242

V/D

Mr. Andrew J. YatesLocal Address6304 Midnight Cove Rd
512
Sarasota, FL 34242

S/D

Ms. Diane Proeschel-TaborLocal Address6396 Midnight Cove Road
Apt. #910
Sarasota, FL 34242

T/D

Mr. Fred R. PhillippiLocal Address6396 Midnight Cove Rd.
#912
Sarasota, FL 34242

D

Mr. Eugene OwenLocal Address6342 Midnight Cove Rd.
#424
USE OH ADDRESS

D

Mr. Bill J. LessigLocal Address6350 Midnight Cove Rd.
#723
Sarasota, FL 34242

D

Mr. John E. SchultzLocal Address6396 Midnight Cove Road
Unit #915
Sarasota, FL 34242

MNC

Midnight Cove Association, Inc.

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Date Printed 2/19/97

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Mr. Robert T. Alex

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Mr. Paul Thomas Haddock
