

MNC

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34231-3603		Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-3603	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
		29	30

3. Date Incorporated or Qualified 12/30/1976	
4. FEI Number 59-1788106	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 34231-3603**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD YATES, ANDREW J	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6304 MIDNIGHT COVE RD 512	1.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ELLIOTT, JOHN R	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6308 MIDNIGHT COVE RD 913	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD PROESCHEL, DIANE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6308 MIDNIGHT COVE RD., #910	3.2 NAME	
STREET ADDRESS	SARASOTA FL 34242	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PHILIPPI, FRED R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1158 HILLTOP DR NW	4.2 NAME	
STREET ADDRESS	NEW PHILADELPHIA OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D OWEN, EUGENE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RFD 3 NA	5.2 NAME	
STREET ADDRESS	MONTPELIER OH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LESSIG, BILL J.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6350 MIDNIGHT COVE ROAD, #723	6.2 NAME	
STREET ADDRESS	SARASOTA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SEE ATTACHED

14. I 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 its 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 an attachment with an address.

SIGNATURE: P. Richard Clark 4/25/98
Date: _____ Daytime Phone: 941-921-5393
0063128

CR2E037 (10/97)

MNC**Midnight Cove Association, Inc.**

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	Manager	PRC	Local Address	Date Printed:	1/12/98	Code
P/D			Mr. John R. Elliott 6396 Midnight Cove Road #913 Sarasota, FL 34242			10
V/D			Mr. Andrew J. Yates 6304 Midnight Cove Rd # 512 Sarasota, FL 34242			12
S/D			Ms. Diane Proeschel-Tabor 6396 Midnight Cove Road Apt. #910 Sarasota, FL 34242			25
T/D			Mr. Fred R. Phillippi 6396 Midnight Cove Rd. #912 Sarasota, FL 34242			30
D			Mr. Eugene Owen 6342 Midnight Cove Rd. #424 USE OH ADDRESS			40
D			Mr. Richard A. Rudolph 6302 Midnight Cove Rd. #934 Sarasota, FL 34242			40
D			Mr. John E. Schultz 6396 Midnight Cove Road Unit #915 Sarasota, FL 34242			40
D			Mr. Robert T. Alex 29721 Minglewood Lane Farmington Hills MI 48018			40
D			Mr. Paul Thomas Haddock 11343 Sunset Hills Reston VA 22090			40
AS			P. Richard Clark 1801 Glengary St Sarasota FL 34231			