


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. Northam 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 12/30/1976 4. FEI Number 59-1788106 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 checked="" 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				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 _____ (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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, JOHN R		2.2 NAME		
STREET ADDRESS	6306 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROESCHEL, DIANE		3.2 NAME		
STREET ADDRESS	6306 MIDNIGHT COVE RD., #910		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILIPPI, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWEN, EUGENE		5.2 NAME		
STREET ADDRESS	RFD 3 NA		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTPELIER OH		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" 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 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 if an attachment with an address.					
SIGNATURE: <i>P. Richard Clark</i>			P. Richard Clark 4/25/98 941-921-5393		

SEE ATTACHED

CR2E037 (10/97)

MNC**Midnight Cove Association, Inc.**

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Manager	PRC	Local Address	Date Printed:	1/12/98	Code
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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			