

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90193 014 ****61.25

0057062

DOCUMENT # 737697

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1788106**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	YATES, ANDREW J	
STREET ADDRESS	6304 MIDNIGHT COVE RD 512	
CITY-ST-ZIP	FARMINGTON HILLS MI 48242	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OWEN, EUGENE	
STREET ADDRESS	RFD 3 NA	
CITY-ST-ZIP	MONTPELIER OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDOLPH, RICHARD A.	
STREET ADDRESS	730 FLEMING ROAD	
CITY-ST-ZIP	CINCINNATI OH 45231	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZABINSKI, TINA	
STREET ADDRESS	6304 MIDNIGHT COVE RD, #520	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DARLINGTON, WILLIAM D	
STREET ADDRESS	6396 MIDNIGHT COVE ROAD, #920	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, THOMAS P	
STREET ADDRESS	6396 MIDNIGHT COVE RD, #935	
CITY-ST-ZIP	SARASOTA FL 34242	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SEE ATTACHED

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN R. ELLIOTT, JR 4/5/03 (941)349-9702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

