

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90015 022 ****61.25

DOCUMENT # 748666

1. Entity Name
MIDNIGHT COVE II ASSOCIATION, INC.



Principal Place of Business
**6327 MIDNIGHT PASS ROAD
SARASOTA, FL 34242-2403**

Mailing Address
**6327 MIDNIGHT PASS ROAD
SARASOTA, FL 34242-2403**

40063659



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
75-1694325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, KEVIN
630 SOUTH ORANGE AVENUE
3RD FLOOR
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **DANIEL LOBECK**

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

2033 MAIN STREET STE 403

City **SARASOTA**

FL Zip Code **34237**

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

[Signature]
Daniel Loback

(NOTE: Registered Agent signature required when reinstating)

2/25/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **PD** ☐ Delete
NAME **MORRISON, CARL**
STREET ADDRESS **160 COVE II PLACE, # 422**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **VD** ☒ Delete
NAME **OTIS, FITZ E II**
STREET ADDRESS **1700 COVE II PLACE 321**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **TD** ☒ Delete
NAME **WATSON, MARK**
STREET ADDRESS **31 BEACON HILL LANE**
CITY-ST-ZIP **NEW CANAAN, CT 06840**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **FRANK DONOVAN**
STREET ADDRESS **1300 COVE II PLACE # 712**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **TD** ☒ Change ☐ Addition
NAME **JAMES JANSEN**
STREET ADDRESS **1900 COVE II PLACE # 136**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08

Date

941-349-1163

Daytime Phone #