2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 748666 1. Entity Name MIDNIGHT COVE II ASSOCIATION, INC.						1	04-10-2008	8 90015 0	22 ****61	.25
Principal Place of Business 6327 MIDNIGHT PASS ROAD SARASOTA, FL 34242-2403		6327	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.				02202008	Chg-NP	CR2E0	37 (12/06)	
City & State		City	City & State			4. FEI Number 75-16943	25		<u> </u>	optied For
Zip	Country	Zip	,	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered	d Agent		•	7. Name and Ad	dress of New	Registered	Agent	
EDWARDS 630 SOUT	S, KEVIN H ORANGE AVENUE					IEL LO		ble)		
3RD FLOC	OR 'A, FL 34236			203	33 /	MAIN.	STRE	ET.	STE 4	403
SAINAGO	,			City <	401	150771			Zip God	e ~~
		for the purpo	se of changing its r		ARP	150774 ed agent, or both.		FL	Zip Code 345 familiar with,	2.37 and accept
8. The above	named entity submits this statement ions of registered agent.	for the purpo	se of changing its r		ARA r registere	1507A ed agent, or both,		FL Florida. I am		e 2.37 and accept
8. The above	named entity submits this statement ions of registered agent.	for the purpo	ise of changing its r		ARI registere	ASOTA ed agent, or both,		FL Florida. I am	Zip Cod 345 familiar with,	2.37 and accept
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpo			ed			FL Florida. I am		and accept
8. The above the obligat	named entity submits this statement ions of registered agent. Signature Wheo or printed name of reastered age Filling Fee Is \$61.25 Due by May 1, 2008	and title if applie		egistered office of the last office office office of the last office offi	ed_ ure required	when reinstating) \$5.00 May Be Added to Fees	in the State of	FL Florida. I am 2/3.5 DATE Make chec drida Depa	k payable to	o tate
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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.

TITLE

NAME

title Name

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Delete

Delete

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF ACTION OFFICER OR DIRECTO

3/31/08

941-349-1163

☐ Change

☐ Change

Addition

Addition