

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # 750884

1. Entity Name
MIDNIGHT SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3121 MOHAWK ST
SARASOTA, FL 34231 US**

Mailing Address
**PO BOX 17306
SARASOTA, FL 34276 US**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2256192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BESCHORNER, DIANA
3121 MOHAWK ST
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) 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**

U000000791519
01/23/08-80078-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MELINDA, SUTTER 2814 DICK WILSON DR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLAHERTY, ROBERT 6828 MIDNIGHT PASS ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAPPAS, CHARLES 23 BEACON HILL GROSSE POINTE, MI 48236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINCRISTOFORO, VERA 6782 SARASEA CIR SARSOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RABIN, PAUL 1413 RUIDOSO COURT LIBERTYVILLE, IL 60048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

1-17-08

941 951 7006