

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90129 016 ****61.25

DOCUMENT # 755624

1. Entity Name
MID MARI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3230 NE 13TH STREET
POMPANO BEACH, FL 33062-8142**

Mailing Address
**3230 NE 13TH STREET
POMPANO BEACH, FL 33062-8142**

50006211



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2237415

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RETTIG, PETER
3230 NE 13TH ST.
POMPANO BEACH, FL 33062**

Name **FRANK CARRIERE**

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

3230 NE 13 ST.

City **POMPANO BEACH**

FL

Zip Code **33062**

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 **FRANK CARRIERE President** **Frank Rettig** **3/15/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RETTIG, MARGARET**
STREET ADDRESS **3230 NE 13 STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE **D** ☐ Delete
NAME **HOFFMAN, WILLI**
STREET ADDRESS **3230 NE 13 STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE **P** ☒ Delete
NAME **RILK, ELSE**
STREET ADDRESS **3230 NE 13TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE **DS** ☐ Delete
NAME **RETTIG, PETER**
STREET ADDRESS **3230 NE 13TH ST**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE **D** ☐ Delete
NAME **CARRIERE, FRANK**
STREET ADDRESS **2320 NE 13TH STR**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **P** ☒ Change ☐ Addition
NAME **CARRIERE, FRANK**
STREET ADDRESS **3230 NE 13 ST. Pompano Beach FL 33062**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **O** ☐ Change ☒ Addition
NAME **DEVIER, Brandon**
STREET ADDRESS **3230 NE 13 ST. Pompano Beach FL 33062**
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: **Frank Rettig** **3/15/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #