2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# 755624

Entity Name: MID MARI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3230 NE 13TH STREET
POMPANO BEACH, FL 330628142

New Principal Place of Business:

Current Mailing Address:

3230 NE 13TH STREET
POMPANO BEACH, FL 330628142

New Mailing Address:

FEI Number: 59-2237415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRIERE, FRANK
3230 NE 13 ST.
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: RETTIG, MARGARET
Address: 3230 NE 13 STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: HOFFMAN, WILLI
Address: 3230 NE 13 STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: RETTIG, PETER
Address: 3230 NE 13TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: DT ( ) Delete
Name: CARRIERE, FRANK
Address: 3230 NE 13TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: P ( ) Delete
Name: DEVIER, BRANDON
Address: 3230 NE 13TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: LAIDLER, BRIAN
Address: 3230 NE 13TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK CARRIERE DT 03/28/2009

Electronic Signature of Signing Officer or Director — Date