


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 003 ****61.25

DOCUMENT # 768299					
1. Entity Name MIDDLEBROOK PINES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5255 CYPRESS CT ORLANDO, FL 32811 US			Mailing Address C/O KL MANAGEMENT GROUP 100 E SYBELIA AVE 130 MAITLAND, FL 32751 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2586042	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KL MANAGEMENT GROUP, INC 100 E SYBELIA AVE SUITE 130 ORLANDO, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	WUSKE, RONALD				
STREET ADDRESS	5255 CYPRESS COURT				
CITY-ST-ZIP	ORLANDO, FL 32811				
TITLE	PTD	<input type="checkbox"/> Delete			
NAME	BUSSINGER, RUBY				
STREET ADDRESS	5255 CYPRESS CT				
CITY-ST-ZIP	ORLANDO, FL 32811				
TITLE	D	<input type="checkbox"/> Delete			
NAME	STEINHARDT, JOYCE				
STREET ADDRESS	5255 CYPRESS CT				
CITY-ST-ZIP	ORLANDO, FL 32811				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	ALIVENTO, ANTHONY				
STREET ADDRESS	5255 CYPRESS CT				
CITY-ST-ZIP	ORLANDO, FL 32811				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	CARDNER, BRUCE				
STREET ADDRESS	5255 CYPRESS CT				
CITY-ST-ZIP	ORLANDO, FL 32811				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	SINKER, ELAINE				
STREET ADDRESS	5255 CYPRESS CT				
CITY-ST-ZIP	ORLANDO, FL 32811				
			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D Mikula, Mike				
NAME	5255 Cypress Ct				
STREET ADDRESS	Orlando FL 32811				
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: <i>Joyce Steinhardt</i> <i>Joyce Steinhardt</i> 4/27/06 4076489333					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40072029

#768299



MIDDLEBROOK PINES CONDOMINIUM ASSOCIATION, INC.
5255 CYPRESS COURT • ORLANDO, FLORIDA 32811-3093 • (407) 648-9333

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TITLE: D
NAME: Neilson, John
STREET ADDRESS: 5255 Cypress Court
CITY-ST-ZIP: Orlando, FL 32811