
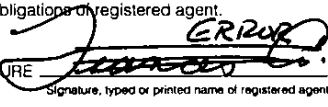
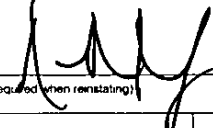
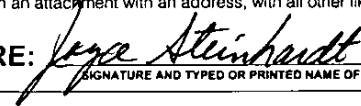


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90359 047 \*\*\*\*61.25

<b>DOCUMENT # 768299</b> 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 - No P.O. Box #		3. Mailing Address <b>1360 N. Goldenrod Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 12</b>			
City & State		City & State <b>Orlando</b>			
Zip <b>32807</b>	Country <b>USA</b>	4. FEI Number <b>59-2586042</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> KL MANAGEMENT GROUP, INC 100 E SYBELIA AVE SUITE 130 ORLANDO, FL 32751			<b>7. Name and Address of New Registered Agent</b> Name <b>KL Management Group Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>1360 N. Goldenrod Road</b> Suite 12 City <b>Orlando</b> <b>FL</b> Zip Code <b>32807</b>		
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  <b>Keith R. Kiebzak</b>  <b>2/22/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUSKE, RONALD 5255 CYPRESS COURT ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSSINGER, RUBY 5255 CYPRESS CT ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINHARDT, JOYCE 5255 CYPRESS CT ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALIVENTO, ANTHONY 5255 CYPRESS CT ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARDNER, BRUCE 5255 CYPRESS CT ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKULA, MIKE 5255 CYPRESS CT ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Joyce Steinhardt</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2/22/07</b> <b>407/468 9333</b> <small>Date Daytime Phone #</small>	

Middlebrook Pines Condominium Assn Inc.  
Document #768299

ATTACHMENT

40033704

768299

Additional Board Member:

Title	D
Name	John Neilson
Street Address	5255 Cypress Court
City-st-zip	Orlando, FL 32811