
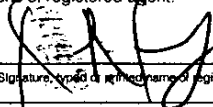
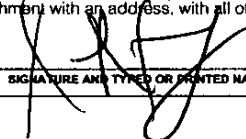


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90021 026 ****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 1360 N GOLDENROD RD SUITE 12F ORLANDO, FL 32807 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KL MANAGEMENT GROUP, INC 1360 N GOLDENROD ROAD SUITE 12 ORLANDO, FL 32807				Name Keith R. Kiebzak Street Address (P.O. Box Number is Not Acceptable) C/O KL Management Group Inc 1360 N. Goldenrod Rd 12 City Orlando FL Zip Code 32807	
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 		Keith R. Kiebzak		4/30/08	
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUSKE, RONALD 5255 CYPRESS COURT ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Neilson, John 5255 Cypress Ct Orlando FL 32811
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	STD Steinhardt, Joyce 5255 Cypress Ct Orlando FL 32811
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	D Cardner, Bruce 5255 Cypress Ct Orlando FL 32811
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: 		Keith R Kiebzak		4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 407/482-2622	

60043343



04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2586042

Applied For
Not Applicable

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

Filing Fee is \$61.25
Due by May 1, 2008

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

Keith R Kiebzak

4/30/08

407/482-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #