

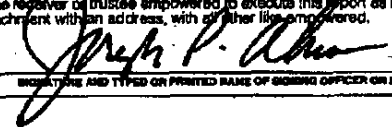
MAY 28 2004 14:05

DRIVE LINE

FILED
Jun 21, 2004 8:00 am
Secretary of State

04-30-2004 90372 018 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N00000003076			
1. Entity Name MIDPORT CROSSING ASSOCIATION, INC.			
Principal Place of Business 5290 HIATUS RD SUNRISE, FL 33351		Mailing Address 5290 HIATUS RD SUNRISE, FL 33351	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent VITALE, STEVEN G 32C SE OSCEOLA STREET STUART, FL 34844		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if acceptable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VITALE, OTTO 5290 HIATUS RD SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Box
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, JAMES R 5290 HIATUS RD SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST AKRA, JOSEPH P 5290 HIATUS RD SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without the name.			
SIGNATURE: 		Date: 4/28/04	
Typed or printed name of signing officer or director		Daytime Phone	

66428695



02042004 Chg-NP CR2E037 (10/03)

4. FEE Number **20-123988** Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required