2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ORPORATION Apr 22

FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90262 036 ****61.25

20040865

Principal Place of Business 2600 NORTH PENINSULA AVE NEW SMYRNA BEACH, FL 32169

DOCUMENT # N00000007002

MINORCA PROPERTY OWNERS ASSOCIATION, INC.

Mailing Address 2600 NORTH PENINSULA AVE NEW SMYRNA BEACH, FL 32169

NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169						9						
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					04182005	Chg-NP	CR2	E037 (10/03)	
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Zip		Country	Zip		Country			59-370	7097			n Applicable
ZIP		Country	2.0		Cour	u. y		5. Certificate	of Status Desire	ed 🗌	\$8.75 Add Fee Require	
- 2	6. Name	and Address of Current F	Registere	d Agent				7. Name and	Address of Ne	w Register	ed Agent	
CHEEZEM	I. J. MICH	AEL				Name						i
	RTH STR	EET NORTH STE 200	D			Street A	ddress (I	P.O. Box Numb	er is Not Accep	table)		
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						City				ı	FL Zip Cod	е
	named entitions of regis	y submits this statement for tered agent.	the purpo	ose of changing its r	egistere	d office or	r register	ed agent, or bo	th, in the State o	of Florida. I	am familiar with,	and accept
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SIGNATURE .	Slonelure broer	d or printed name of registered agent a	and title if anni	icable (NOTE:	Registered	Anent signat	use required	I when reinstating)		DA	TF.	
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Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut								\$5.00 May B	le l		eck payable to	
	. Due by r	nay_1, 2005		HUSI FUND CO	JIMIOUM	211,	_	Added to Fees	ĺ	riorida De	partment of S	rate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attactment with an address, with all other like empowered.

SIGNATURE						
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail M. Cooper

4-18-05

727-823-0022

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