

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90035 029 ****61.25

DOCUMENT # N0100000262
 1. Entity Name
M.P.O. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
925 HIGHWAY A1A #603 **925 HIGHWAY A1A #603**
STAELLITE BEACH FL 32837 **STAELLITE BEACH FL 32837**
US **US**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country **BREVARD** Zip Country

4. FEI Number **59-3691140** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF P.A.
C/O C. JOHN CHRISTENSEN
2500 MAITLAND CTR PARKWAY SUITE 209
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSEBERRY, BRIL	
STREET ADDRESS	925 HWY A1A #203	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHAW, SID	
STREET ADDRESS	925 HIGHWAY A1A #501	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DAL VISCIO, J. L	
STREET ADDRESS	925 HIGHWAY A1A #603	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFF, CHARLES	
STREET ADDRESS	925 HWY A1A #403	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERHEA, CLIFFORD	
STREET ADDRESS	925 HWY A1A #304	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILIPS, GUS	
STREET ADDRESS	925 HWY A1A #401 #404	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roseberry, Brill	Correction
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE Lorraine Del Viscio LORRAINE DEL VISCIO 2/4/05 321-779-0827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #