



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 002 ****61.25

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # N01000000262 1. Entity Name M.P.O. CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 925 HIGHWAY A1A #302 STAELLITE BEACH, FL 32837 US | | | Mailing Address 925 HIGHWAY A1A #608 302 STAELLITE BEACH, FL 32837 US | | |
| 2. Principal Place of Business - No P.O. Box # 925 HIGHWAY A1A Suite, Apt. #, etc. # 302 | | 3. Mailing Address 925 HIGHWAY A1A Suite, Apt. #, etc. # 302 | | 40031299  | |
| City & State Satellite Beach. | | City & State Satellite Beach. | | 4. FEI Number 59-3691140 | |
| Zip 32937 | | Country Brevard | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | P STERMAN, DAVE 925 HWY A1A #705 SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SHAW, SID 925 HIGHWAY A1A SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FOLEY, NOIRIN 925 HWY A1A 302 SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASIELLO, SUSAN 925 HWY A1A #202 SATELLITE BEACH, FL 32937 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BAYLES, ED 925 HWY A1A 503 SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <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: <u>Edward J Bayles</u> EDWARD J BAYLES | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 02/18/2008 321-777-0277 Date Daytime Phone # | |