## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR SINECTOR

## FILED Apr 18, 2005 8:00 am Secretary of State

Daytime Phone #

1. Entity Name	MENT # N02000009 MINGO CONDOMINIUM A		04-	04-18-2005 90266 014 ****70.00			
Principal Place 3305 FLAMIN VERO BEACH,	IGO DR.	Mailing Address 3305 FLAMINGO DR. VERO BEACH, FL 32963					
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Ch	01042005 Chg-NP CR2E037 (10/03)		
City & State		City & State		4. FEI Number 51-043705	9—	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		5 Additional equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CALDWELL, WILLIAM W				Name Zimmer Jeffrey J			
756 BEACI	HLAND BLVD. CH, FL 32963		Street Address		(P.O. Box Number is Not Acceptable)		
			City V	City Vero Beach FL Zip Code 32903			
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  Signature, typed or printed name of redistants agent and tilled applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Filling Fee Is \$61.25  Due by May 1, 2005  9. Election Campaign Fi				ing \$5.00 May Be Make check payable to Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	ORS IN 10	
TITLE	PD _	Delete	TITLE	DP		hange	
NAME	SWANSON, JOHN F						
STREET ADDRESS				Vero Beath, Fr 32963			
CITY-ST-ZIP	VERO BEACH, FL 32963	<u></u>	CITY-ST-ZIP	Vero Beach			
TITLE NAME	VSD SWANSON KAREN J	Delete	TITLE NAME	Couley To:	bent E 410	hange 🔲 Addition	
STREET ADDRESS	3305 FLAMINGO DR.		STREET ADDRESS	auley, Robert & Change Addition 3305 Elamingo Drive			
CITY-ST-ZIP	VERO BEACH, FL 32963		ÇITY-ST-2IP	Vero Beac	h, FL 32963	3	
TITLE	VSD	Delete `	TITLE	DT	<b>5</b> 5-0	change	
NAME	BOYLE, STEPHEN J 3305 ELAMINGO DR.		NAME CTREET ADDRESS	LUEBKE, AMBE 3305 FLAMIA	ובה טפות 3 ורי טפות 3		
STREET ADDRESS CITY-ST-ZIP	VERO BEACH, FL 32963		STREET ADDRESS CITY-ST-ZIP	VERO BEACH,			
TITLE	VTD	Delete	TITLE	<u>, , , , , , , , , , , , , , , , , , , </u>		hange 🗀 Addition	
NAME	DRAKE, PAUL P	JEE BOILIN	NAME				
STREET ADDRESS	3305 FLAMINGO DR.		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		····		
TITLE NAME		☐ Delete	TITLE NAME			Change	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	ertify that the information supplied wit	h this filing does not qualify to		ed in Section 119 07(3)(0) Fi	orida Statutes. I further certify the	at the information	
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.							