Mar. 21. 2007 2:50PM FOX WACKEEN DUNGEY ET AL

FROM :MIDPORT 1 FAX NO. :77233744

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 031 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03952

1. Entity Name

MIDPORT PLACE I CONDOMINIUM ASSOCIATION, INC.

40045794

Principal Place of Business: 1509 SE ROYAL GREEN CIRCLE, PORT ST LUCIE FL 34952, US

Mailing Address: 1509 ROYAL GREEN CIRCLE, PORT ST LUCIE FL 34952, US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

161 MOORE CR2E037 (10/06)

4. FEI Number 59-2484860 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

McCluskey, Michael J. ESQ

~~DUNGEY, RICHARD J ESQ.~~

3473 SE WILLOUGHBY BLVD

STUART FL 34994

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 [signature] MICHAEL J McCLUSKEY 3-21-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOONE, NANCY A 1526 S.E. ROYAL GREEN CIR., L-10 PORT ST LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALATESTA, MARGARET 1504 ROYAL GREEN CIRCLE #C-107 PORT ST. LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAVINI, ANNA L 2884 SW BRIGHTON WAY PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Savoia, Joseph 1524 SE Royal Green Circle Port St. Lucie, FL 34952 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRISON, LINDA PO BOX 7843 PORT ST. LUCIE FL 34985-7843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, DAVID 1507 ROYAL GREEN CIRCLE T-102 PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RINGO, JAMES P O BOX 35 JENSEN BEACH FL 34958	☒ 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 exemptions contained in Section 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: [signature] 2/12/07 772 337-4482

Signature, typed or printed name of signing officer or director. Date. Daytime Phone #

Received Time Mar. 21. 12:02PM