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Jul 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03953** (9)

1. Corporation Name

MIDPORT PLACE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1509 S.E. ROYAL GREEN CIRCLE
PORT ST. LUCIE FL 34952**

**1509 S.E. ROYAL GREEN CIRCLE
PORT ST. LUCIE FL 34952**



3. Date Incorporated or Qualified

06/28/1984

4. FEI Number

59-2459659

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1509 SE Royal Green Circle

26 1509 SE Royal Green Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Port St Lucie FL

28 Port St Lucie FL

Zip

Country

Zip

Country

24 34952

25 St Lucie

29 34952

30 St Lucie

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURGE, REGINALD
789 N.E. DIXIE HWY.
JENSEN BEACH FL 34957**

81 Name

JAMES J. RINGO

82 Street Address (P.O. Box Number is Not Acceptable)

1509 SE Royal Green Circle

83

84 City

Port St Lucie

FL

85 Zip Code

34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James J. Ringo President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-29-98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **BURGE, REGINALD**
STREET ADDRESS **789 N.E. DIXIE HWY.**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VPD** ☒ DELETE

NAME **MASELLI, PETER**
STREET ADDRESS **244 KENTWOOD ROAD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** ☒ DELETE

NAME **GASKIN, BEVERLY**
STREET ADDRESS **1546 S.E. ROYAL GREEN CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **TD** ☒ DELETE

NAME **CONSIGLIO, HENRY**
STREET ADDRESS **1561 S.E. APPAMATTOX TERRACE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **JAMES J. Ringo**
1.3 STREET ADDRESS **2901 SE GINZA ST**
1.4 CITY-ST-ZIP **Port St Lucie, FL 34952**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **Joseph W. Brown Jr**
2.3 STREET ADDRESS **9950 S. Ocean Dr. #204**
2.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

3.1 TITLE **secretary/D** ☒ Change ☐ Addition

3.2 NAME **Margaret Malatesta**
3.3 STREET ADDRESS **1504 SE Royal Green Circle**
3.4 CITY-ST-ZIP **Port St Lucie, FL 34952**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****61.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

James J. Ringo President

July 29, 1998

CR2E037 (10/97)