

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90065 049 \*\*\*\*61.25

03/14/15

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03953

1. Corporation Name

MIDPORT PLACE MASTER ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/28/1984

4. FEI Number  
59-2459659

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RINGO, JAMES J  
1509 S.E. ROYAL GREEN CIRCLE  
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name ROBERT K. ROSENDALE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1901 SW OAKWOOD RD  
83  
84 City PORT ST LUCIE FL 85 Zip Code 34953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RINGO, JAMES J  
STREET ADDRESS 2801 GINZA STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☒ DELETE

TITLE VPD  
NAME BRAUN, JOSEPH W JR  
STREET ADDRESS 9950 S. OCEAN DR., #204  
CITY-ST-ZIP JENSEN BCH FL 34957

☒ DELETE

TITLE STD  
NAME MALATESTA, MARGARET  
STREET ADDRESS 1504 S.E. ROYAL GREEN CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Robert K. Rosendale  
1.3 STREET ADDRESS 1901 SW Oakwood Road  
1.4 CITY-ST-ZIP Port St. Lucie, FL 34953

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE STD  
3.2 NAME Anna L. Savini  
3.3 STREET ADDRESS 2884 SW Brighton Way  
3.4 CITY-ST-ZIP Palm City, FL. 34990

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Robert K. Rosendale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 (561) 336-1079  
Date Daytime Phone #

CR2E037 (1/198)