
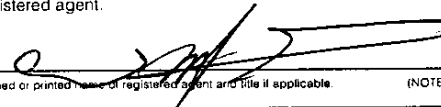
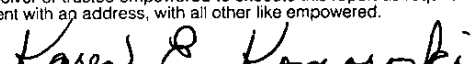


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90112 016 ****61.25

DOCUMENT # N04000004278					
1. Entity Name MIDWAY ESTATES CO-OP, INC.					
Principal Place of Business 1950 SOUTH US HWY. 1 VERO BEACH, FL 33962			Mailing Address 1950 SOUTH US HWY. 1 VERO BEACH, FL 33962		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01252006 Chg-NP CR2E037 (11/05)	
4. FEI Number 54-2151556				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, DAVID S ESQ. 150 SECOND AVE. NORTH, 17TH FLOOR ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name <u>Charles W. McKinnon</u> Street Address (P.O. Box Number is Not Acceptable) <u>5070 No. Highway A-1-A</u> <u>Suite 200</u> City <u>Vero Beach</u> FL Zip Code <u>32963</u>		
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 <u></u> <u>Charles W. McKinnon</u> <u>1-31-06</u> <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, 2006		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 PD	NAME KOMOROSKI, KAREN	<input type="checkbox"/> Delete	TITLE VP (2nd)	NAME Betty Blacketer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1950 S US HWY 1 LOT 214	CITY-ST-ZIP VERO BEACH, FL 32962		STREET ADDRESS 1950 S. US Hwy 1 Lot #229	CITY-ST-ZIP Vero Beach, FL 32962	
TITLE VD	NAME LECKONBY, HAZEL	<input checked="" type="checkbox"/> Delete	TITLE VP (1st)	NAME Edward Jenkins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1950 S US HWY 1 LOT 253	CITY-ST-ZIP VERO BEACH, FL 32962		STREET ADDRESS 1950 S. US Hwy 1 Lot #111	CITY-ST-ZIP Vero Beach, FL 32962	
TITLE SD	NAME MARSH, PRISCILLA	<input type="checkbox"/> Delete	TITLE D	NAME Paul Rellias	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1950 S US HWY 1 LOT 109	CITY-ST-ZIP VERO BEACH, FL 32962		STREET ADDRESS 1950 S. US Hwy 1 Lot #208	CITY-ST-ZIP Vero Beach, FL 32962	
TITLE TD	NAME STEVENS, LINDA	<input type="checkbox"/> Delete	TITLE D (Co-Treasurer)	NAME Constance Gager	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1950 SOUTH US HWY. 1, LOT NO. 263	CITY-ST-ZIP VERO BEACH, FL 33962		STREET ADDRESS 1950 S. US Hwy 1 Lot #234	CITY-ST-ZIP Vero Beach, FL 32962	
TITLE D	NAME MADDEN, CHERYL	<input type="checkbox"/> Delete	TITLE D	NAME Kerry Booth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1950 S US HWY 1 LOT 209	CITY-ST-ZIP VERO BEACH, FL 32962		STREET ADDRESS 1950 S. US Hwy 1 Lot #218	CITY-ST-ZIP Vero Beach, FL 32962	
TITLE D	NAME BRUNELLE, ROLAND	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1950 SOUTH US HWY. 1, LOT NO. 213	CITY-ST-ZIP VERO BEACH, FL 33962		STREET ADDRESS 	CITY-ST-ZIP 	
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></u> <u>3/24/06</u> <u>772-567-2764</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					