

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90014 019 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202007

Chg-NP

CR2E037 (12/06)

4. FEI Number
54-2151556

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINNON, CHARLES W
5070 N HIGHWAY A1A
SUITE 200
VERO BEACH, FL 32963

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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

TITLE	PD Dir	<input type="checkbox"/> Delete
NAME	KOMOROSKI, KAREN	
STREET ADDRESS	1950 S US HWY 1 LOT 214	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	2VP Dir	<input type="checkbox"/> Delete
NAME	BLACKETER, BETTY	
STREET ADDRESS	1950 S US HIGHWAY 1, LOT #229	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSH, PRISCILLA	
STREET ADDRESS	1950 S US HWY 1 LOT 109	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEVENS, LINDA	
STREET ADDRESS	1950 SOUTH US HWY. 1, LOT NO. 263	
CITY-ST-ZIP	VERO BEACH, FL 33962	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADDEN, CHERYL	
STREET ADDRESS	1950 S US HWY 1 LOT 209	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, KERRY	
STREET ADDRESS	1950 S US HWY 1, LOT #218	
CITY-ST-ZIP	VERO BEACH, FL 33962	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Tombrella	
STREET ADDRESS	1950 S. US Hwy 1 Lot 202	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Smith	
STREET ADDRESS	1950 S. US Hwy 1 Lot 214	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Swett	
STREET ADDRESS	1950 S. US Hwy 1 Lot 256	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Lucier	
STREET ADDRESS	1950 S. US Highway 1 Lot 112	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Hirt	
STREET ADDRESS	1950 S. US Highway 1 Lot 221	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Komoroski	
STREET ADDRESS	1950 S. US Hwy 1 Lot 30	
CITY-ST-ZIP	VERO BEACH, FL 32962	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/07