

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010131

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** MID-ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1901 FOGARTY AVE. #1  
KEY WEST, FL 33040

**New Principal Place of Business:**

1901 FOGARTY AVE.  
SUITE 1  
KEY WEST, FL 33040

**Current Mailing Address:**

1901 FOGARTY AVE. #1  
KEY WEST, FL 33040

**New Mailing Address:**

1901 FOGARTY AVE.  
SUITE 1  
KEY WEST, FL 33040

**FEI Number:** 51-0533184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COVAN, DIANE T  
1901 FOGARTY AVE. #1  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

COVAN, DIANE T  
1901 FOGARTY AVE.  
SUITE 1  
KEY WEST, FL 33040 US

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.

SIGNATURE:

01/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COVAN, DIANE T  
Address: 1901 FOGARTY AVE. #1  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: COVAN, FREDERICK L  
Address: 1901 FOGARTY AVE. #1  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: COVAN, ZACHARY T  
Address: 1901 FOGARTY AVE. #1  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: COVAN, DIANE T  
Address: 1901 FOGARTY AVE. #1  
City-St-Zip: KEY WEST, FL 33040

Title: DVP (X) Change ( ) Addition  
Name: COVAN, FREDERICK L  
Address: 1901 FOGARTY AVE. #1  
City-St-Zip: KEY WEST, FL 33040

Title: DST (X) Change ( ) Addition  
Name: COVAN, ZACHARY T  
Address: 1901 FOGARTY AVE. #1  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE TOLBERT COVAN

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date