2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# N04000010131

Entity Name: MID-ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1901 FOGARTY AVE.
SUITE 1
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1901 FOGARTY AVE.
SUITE 1
KEY WEST, FL 33040

New Mailing Address:

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.
SUITE 1
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: DT ( ) Change (X) Addition
Name: VARNER, MARCUS
Address: 1277 FIRST AVENUE #1
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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 03/20/2008

Electronic Signature of Signing Officer or Director — Date