

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002874

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE REGISTRY AT MICHIGAN PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-4061669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: MAZZULA, WAYNE
Address: 3651 CONINE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD () Delete
Name: GOODHEAD, NEAL
Address: 5550 MICHIGAN ST E #2206
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: MITCHELL, EVELYNE
Address: 1119 BUCKWOOD DR
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change () Addition
Name: GOODHEAD, NEAL
Address: 5550 MICHIGAN ST E #2206
City-St-Zip: ORLANDO, FL 32822

Title: TD (X) Change () Addition
Name: SKINNER, GLORIA
Address: 5550 MICHIGAN ST E #2110
City-St-Zip: ORLANDO, FL 32822

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: WAYNE MAZZULA

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date