

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N05501** (4)

1. Corporation Name

MID-OCEAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O COMPLETE PROPERTY MGMT
4239 NORTHLAKE BLVD., STE. D
PALM BEACH GARDENS FL 33410
US

C/O COMPLETER PROPERTY MGMT
4239 NORTHLAKE BLVD., STE. D
PALM BEACH GARDENS FL 33410
US

3. Date Incorporated or Qualified

10/05/1984

4. FEI Number

59-2384223

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNARD, JANICE
134 PERUVIAN AVE.
H104
PALM BEACH FL 33480**

81 Name

Complete Property Management, Inc.

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

4239 Northlake Blvd.

83

Palm Beach Gardens

84 City

FL

85 Zip Code

33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kelly B. Hughes

Office Manager

3/18/98

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BERNARD, JANICE**
STREET ADDRESS **134 PERUVIAN AVE., H104**
CITY-ST-ZIP **PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **SAVINA, LINDA**
STREET ADDRESS **134 PERUVIAN AVENUE, H202**
CITY-ST-ZIP **PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **EDSON, FRED**
STREET ADDRESS **142 PERUVIAN AVENUE, P101**
CITY-ST-ZIP **NORTH PALM BEACH FL**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Lyle Hawland**
4.3 STREET ADDRESS **142 Peruvian Ave, P102**
4.4 CITY-ST-ZIP **Palm Beach, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **SD** ☐ Change ☒ Addition
5.2 NAME **Vera Gibbons**
5.3 STREET ADDRESS **134 Peruvian Ave, H104**
5.4 CITY-ST-ZIP **Palm Beach FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

REQUIRED

3/20/98

(501) 620-2778

CR2E037 (10/97)