

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90353 005 ****61.25

DOCUMENT # N05501

1. Entity Name
MID-OCEAN CONDOMINIUM ASSOCIATION, INC.



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

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

24048296



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04072004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2384223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPLETE PROPERTY MANAGEMENT IN C
4239 NORTHLAKE BLVD
SUITE D
PALM BEACH GARDENS, FL 33410

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☒ Delete
NAME HOWLAND, LYLE
STREET ADDRESS 142 PERUVIAN AVE SUITE P102
CITY-ST-ZIP PALM BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/NO ☐ Delete
NAME GIBBONS, VERA
STREET ADDRESS 134 PERUVIAN AVE H 104
CITY-ST-ZIP PALM BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Delete
NAME Sheila Collins +
STREET ADDRESS 142 Peruvian Av, P101
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Linda M. Savina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04 561-655-5630