2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90094 008 ****61.25

DOCUMENT# N05501

1. EntityName
MID-OCEAN CONDOMINIUM ASSOCIATION, INC.

PrincipalPlaceofBusiness	MailingAddress
C/OCOMPLETEPROPERTYMGMT 4239NORTHLAKEBLVD.,STE.D PALMBEACHGARDENS,FL33410US	C/OCOMPLETERPROPERTYMGMT 4239NORTHLAKEBLVD.,STE.D PALMBEACHGARDENS,FL33410US

DO NOT WRITE IN THIS SPACE

03292005 NoChg-NP CR2E037 (10/03)

4. FEINumber 59-2384223 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

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

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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenve instating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	SAVINA, LINDA
STREETADDRESS	134 PERUVIAN AVENUE, H202
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D VP
NAME	GIBBONS, VERA
STREETADDRESS	134 PERUVIAN AVE H 104
CITY-ST-ZIP	PALM BEACH, FL
TITLE	SD T
NAME	COLLINS, SHEILA
STREETADDRESS	142 PERUVIAN AVE, P101
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

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12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter617,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: X LINDA M. SAVINA 4/6/05 561 655 5630
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#