2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90289 038 ****61.25

DOCUMENT # N05501

1. Entity 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
2. Principal Place of Business 3307 Northlake Blvd.	3. Mailing Address 3307 Northlake Blvd.
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc. Suite 107
City & State Palm Beach Gardens, FL	City & State Palm Bch Gardens FL
Zip / Country 33403 / USA	Zip / Country 33403 / USA

1st MOORE CR2E037 (10/05)

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) 3307 Northlake Blvd, Suite 107 City Palm Beach Gardens FL Zip Code 33403.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAVINA, LINDA 134 PERUVIAN AVENUE, H202 PALM BEACH FL	☐ Delete	D Susan Gubelmann 221 Mansfield Ft Boca Raton, FL 33434	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GIBBONS, VERA 134 PERUVIAN AVE H 104 PALM BEACH FL	~~☐ Delete~~		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT COLLINS, SHEILA 142 PERUVIAN AVE, P101 PALM BEACH FL 33480	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 LMS 4/27/06 5616202778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #