

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N05501

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



Principal Place of Business
3307 NORTH LAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403 US

Mailing Address
3307 NORTH LAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403 US



04102008 No Chg-NP

CR2E037 (4/06)

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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

COMPLETE PROPERTY MANAGEMENT IN C
3307 NORTH LAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000915594
05/09/08-80019-013 61.25

10. OFFICERS AND DIRECTORS

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

TITLE SDT
NAME COLLINS, SHEILA
STREET ADDRESS 142 PERUVIAN AVE, P101
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME GUBELMANN, SUSAN
STREET ADDRESS 221 MANSFIELD
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #