2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N05501

Entity Name: MID-OCEAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

COMPLETE PROPERTY MANAGEMENT, INC.
3307 NORTHLAKE BLVD., STE. 107
PALM BEACH GARDENS, FL 33403 US

FEI Number: 59-2384223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMPLETE PROPERTY MANAGEMENT IN C
3307 NORTHLAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403 US

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.

SIGNATURE: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SAVINA, LINDA
Address: 134 PERUVIAN AVENUE, H202
City-St-Zip: PALM BEACH, FL

Title: SDT ( ) Delete
Name: COLLINS, SHEILA
Address: 142 PERUVIAN AVE, P101
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: GUBELMANN, SUSAN
Address: 221 MANSFIELD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA SAVINA PRES 04/14/2009
Electronic Signature of Signing Officer or Director — Date