

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002709

FILED
Mar 21, 2008
Secretary of State

Entity Name: MID TOWN CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% WOODWARD PIRES & LOMBARDO, P.A.
3200 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103

New Principal Place of Business:

2180 IMMOKALEE RD #309
NAPLES, FL 34110 US

Current Mailing Address:

% WOODWARD PIRES & LOMBARDO, P.A.
3200 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103

New Mailing Address:

2180 IMMOKALEE RD #309
NAPLES, FL 34110 US

FEI Number: 20-8650086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADERMAN, CARRIE E ESQ.
WOODWARD PIRES & LOMBARDO, P.A.
3200 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

KLOHN, WILLIAM L
2180 IMMOKALEE RD #309
NAPLES, FL 34110 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: WILLIAM L. KLOHN

03/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLOHN, WILLIAM L
Address: 2180 IMMOKALEE RD, SITE 309
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: MCCUAN, PATRICK
Address: 2180 IMMOKALEE RD, SITE 309
City-St-Zip: NAPLES, FL 34110

Title: STD () Delete
Name: SUGAR, IRA
Address: 2180 IMMOKALEE RD, SITE 309
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KLOHN, WILLIAM L
Address: 2180 IMMOKALEE RD, STE 309
City-St-Zip: NAPLES, FL 34110 US

Title: VPD (X) Change () Addition
Name: MCCUAN, PATRICK
Address: 2180 IMMOKALEE RD, STE 309
City-St-Zip: NAPLES, FL 34110 US

Title: STD (X) Change () Addition
Name: SUGAR, IRA
Address: 2180 IMMOKALEE RD, STE 309
City-St-Zip: NAPLES, FL 34110

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: WILLIAM L. KLOHN

PD

03/21/2008

Electronic Signature of Signing Officer or Director

Date