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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30572** (4)
1. Corporation Name
MIDWAY ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
C/O LEE JAY COLLING, ATTY 20 N. ORANGE AVE., STE 700 ORLANDO FL 32801 US		C/O LEE JAY COLLING, ATTY. 20 N. ORANGE AVE., STE 700 ORLANDO FL 32801 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 02/08/1989	
4. FEI Number 59-2933904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
COLLING, LEE JAY 20 N. ORANGE AVE SUITE 700 ORLANDO FL 32801	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	CONNORS, WILLIAM L.
STREET ADDRESS	1950 S US 1, LOT 29
CITY-ST-ZIP	VERO BEACH FL
TITLE	T
NAME	LUNDA STEVENS
STREET ADDRESS	1950 SO US #1 LOT 75
CITY-ST-ZIP	VERO BEACH FL
TITLE	DS
NAME	MARILYN BUZZANO
STREET ADDRESS	1952 SO US #1 LOT 75
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	LEON HAMMER
STREET ADDRESS	1950 SO US #1 LOT 135
CITY-ST-ZIP	VERO BCH. FL
TITLE	D
NAME	CARTER, ROBERT
STREET ADDRESS	1950 SOUTH US 1, LOT 136
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	CLARK, KATHRYN
STREET ADDRESS	1950 S US 1, LOT 149
CITY-ST-ZIP	VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP
1.2 NAME	Jin Stone
1.3 STREET ADDRESS	1950 S.U.S. #1 Lot #117
1.4 CITY-ST-ZIP	VERO Beach, FL 32962
2.1 TITLE	DVP
2.2 NAME	Peter Lorneau
2.3 STREET ADDRESS	1950 S.U.S. #1 Lot #73
2.4 CITY-ST-ZIP	VERO Beach, FL 32962
3.1 TITLE	DS
3.2 NAME	William L. Connors
3.3 STREET ADDRESS	1950 S.U.S. Highway #1 Lot #29
3.4 CITY-ST-ZIP	VERO Beach, FL 32962
4.1 TITLE	D
4.2 NAME	Marilyn Buzzano
4.3 STREET ADDRESS	1952 S. US #1 Lot #75
4.4 CITY-ST-ZIP	VERO Beach, Florida 32962
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)