

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90248 023 \*\*\*\*\*61.25

**DOCUMENT # N37135**

1. Entity Name

**M & I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**C/O MARTIN RAPPAPORT  
1241 TREE BAY LANE  
SARASOTA FL 34242**

Mailing Address

**C/O MARTIN RAPPAPORT  
1241 TREE BAY LANE  
SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0304992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAPPAPORT, MARTIN  
1241 TREE BAY LANE  
SARASOTA FL 34242**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

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	PD	<input type="checkbox"/> Delete
NAME	RAPPAPORT, MARTIN	
STREET ADDRESS	1241 TREE BAY LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAPPAPORT, IRIS	
STREET ADDRESS	1241 TREE BAY LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAPPAPORT, IRIS	
STREET ADDRESS	1241 TREE BAY LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *Martin Rappaport* **REQUIRED** *Martin Rappaport* 5/4/3 (941) 346-1931

CR2E037 (10/02)