

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003967

FILED
Jan 14, 2005
Secretary of State

Entity Name: MID-BAY EXECUTIVE SUITES OWNERS ASSOCIATION INC.

Current Principal Place of Business:

36008 EMERALD COAST PKWY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36008 EMERALD COAST PKWY
SUITE 401
DESTIN, FL 32541

New Mailing Address:

P.O. BOX 5618
DESTIN, FL 32540

FEI Number: 59-3526425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIUFAU, JIM
36008 HIGHWAY 98 EAST
SUITE 401
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGILL, ROBERT E III
Address: 72 COUNTRY CLUB DR.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: LIUFAU, JIM
Address: 36008 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MCINNIS, SAMUEL
Address: 446 CAPTAIN'S CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MCGINNIS, DOUGLAS
Address: 36008 45 GULF DUNES LANE
City-St-Zip: SANTA ROSA BCH, FL 32459

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACQUELINE ELY

ACCT

01/14/2005

Electronic Signature of Signing Officer or Director

Date