

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90081 014 \*\*\*150.00

**DOCUMENT # P05000138754**

1. Entity Name  
**MIDNIGHT COVE II CONDO SALES, INC.**



Principal Place of Business  
6327 MIDNIGHTPASS ROAD  
SARASOTA, FL 34242

Mailing Address  
6327 MIDNIGHTPASS ROAD  
SARASOTA, FL 34242

2. Principal Place of Business *Condo Sales*  
**MIDNIGHT COVE II CONDO SALES, INC.**  
Suite, Apt. 6327 MIDNIGHT PASS ROAD  
SARASOTA, FLORIDA 34242

3. Mailing Address *Condo Sales*  
**MIDNIGHT COVE II CONDO SALES, INC.**  
Suite, Apt. 6327 MIDNIGHT PASS ROAD  
SARASOTA, FLORIDA 34242



02092006 Chg-P CR2E034 (11/05)

4. FEI Number **20-4068240** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**VAN NESS & VAN NESS, P.A.**  
46 N. WASHINGTON BLVD.  
SUITE 9  
SARASOTA, FL 34236

## 7. Name and Address of New Registered Agent

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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input type="checkbox"/> Delete            |
| NAME           | ISAACMAN, BARBARA          |  |
| STREET ADDRESS | 1106 SHERIDAN AVENUE NORTH |  |
| CITY-ST-ZIP    | MINNEAPOLIS, MN 55411      |  |
| TITLE          | VD                         | <input type="checkbox"/> Delete            |
| NAME           | OTIS, FITZ-EDWARD          |  |
| STREET ADDRESS | 1700 COVE PLACE II, #321   |  |
| CITY-ST-ZIP    | SARASOTA, FL 34242         |  |
| TITLE          | VD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | DIECKMANN, BOB             |  |
| STREET ADDRESS | 840 MASSACHUSETTS DRIVE    |  |
| CITY-ST-ZIP    | CINCINNATI, OH 45245       |  |
| TITLE          | SD                         | <input type="checkbox"/> Delete            |
| NAME           | GREBER, KURT               |  |
| STREET ADDRESS | 1200 COVE PLACE II, #831   |  |
| CITY-ST-ZIP    | SARASOTA, FL 34242         |  |
| TITLE          | TD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | BAER, DON                  |  |
| STREET ADDRESS | 158 EASTON PLACE           |  |
| CITY-ST-ZIP    | BURR RIDGE, IL 60527       |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> Delete |
| NAME           | MULLINS, MIKE              |  |
| STREET ADDRESS | 1924 FAIRVIEW DRIVE        |  |
| CITY-ST-ZIP    | ENGLEWOOD, FL 34223        |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | OTIS, FITZ-Edward       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1700 Cove Place II, 321 |  |
| STREET ADDRESS | Sarasota, FL 34242      |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | TD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Mark Watson             |  |
| STREET ADDRESS | 31 Beacon Hill Lane     |  |
| CITY-ST-ZIP    | New Canaan, CT 06840    |  |
| TITLE          | VD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Pam Frye                |  |
| STREET ADDRESS | 1900 Cove II Place 120  |  |
| CITY-ST-ZIP    | Sarasota, FL 34242      |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Meredith Lloyd          |  |
| STREET ADDRESS | 6209 West Harper Drive  |  |
| CITY-ST-ZIP    | Yorktown, IN 47396      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

*Pamela S. Frye*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

(941) 383-0492