

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138754

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MIDNIGHT COVE II CONDO SALES, INC.

## Current Principal Place of Business:

6327 MIDNIGHTPASS ROAD  
SARASOTA, FL 34242

## New Principal Place of Business:

## Current Mailing Address:

6327 MIDNIGHTPASS ROAD  
SARASOTA, FL 34242

## New Mailing Address:

FEI Number: 20-4068240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ISAACMAN, BARBARA  
Address: 1106 SHERIDAN AVENUE NORTH  
City-St-Zip: MINNEAPOLIS, MN 55411

Title: VD ( ) Delete  
Name: OTIS, FITZ-EDWARD  
Address: 1700 COVE PLACE II, #321  
City-St-Zip: SARASOTA, FL 34242

Title: VD ( ) Delete  
Name: FRYE, PAM  
Address: 1900 COVE II PL #120  
City-St-Zip: SARASOTA, FL 34242

Title: SD (X) Delete  
Name: GREBER, KURT  
Address: 1200 COVE PLACE II, #831  
City-St-Zip: SARASOTA, FL 34242

Title: TD (X) Delete  
Name: WATSON, MARK  
Address: 31 BEACON HILL LN  
City-St-Zip: NEW CANAAN, CT 06840

Title: D (X) Delete  
Name: OTI-FITZ, EDWARD  
Address: 1700 COVE PLACE II #321  
City-St-Zip: SARASOTA, FL 34242

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MORRISON, CARL  
Address: 1600 COVE II PLACE UNIT 422  
City-St-Zip: SARASOTA, FL 34242

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

Title: TD (X) Change ( ) Addition  
Name: WATSON, MARK  
Address: 31 BEACON HILL LN.  
City-St-Zip: NEW CANAAN, CT 06840

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED BEZ

MGR

04/30/2007

Electronic Signature of Signing Officer or Director

Date