



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90015 021 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40063660 	
City & State Zip Country		City & State Zip Country		02202008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-4068240				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 DANIEL LOBECK Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET STE 403 City SARASOTA FL Zip Code 34237		
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 		Daniel J. Lobek		3/27/08	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, CARL 1600 COVE II PLACE UNIT 422 SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OTIS, FITZ-EDWARD 1700 COVE PLACE II, #321 SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANK DONOVAN 1300 COVE II PLACE, #712 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, MARK 31 BEACON HILL LN. NEW CANAAN, CT 06840	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES JANSEN 1900 COVE II PLACE #136 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRAND, KENNETH W 2930 SUNNYSIDE ST. SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  3/31/08					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					