

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000262

**FILED**  
**Jan 21, 2018**  
**Secretary of State**  
**CC5411046041**

**Entity Name:** M.P.O. CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

925 HIGHWAY A1A #704  
STAE LLITE BEACH, FL 32937

**Current Mailing Address:**

925 HIGHWAY A1A #704  
STAE LLITE BEACH, FL 32937 US

**FEI Number:** 59-3691140

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF P.A.  
ROYAL PALM FINANCIAL CENTER  
759 SW FEDERAL HIGHWAY SUITE 213  
STUART, FL 34994 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONNER, BRADLEY L  
Address        925 HIGHWAY A1A, #704  
City-State-Zip: STAE LLITE BEACH FL 32937

Title            TREASURER  
Name            FOLEY, MICHAEL  
Address        925 HIGHWAY A1A, #302  
City-State-Zip: SATE LLITE BEACH FL 32937

Title            VP  
Name            MCQUEEN, ROBERT  
Address        925 HIGHWAY A1A, #301  
City-State-Zip: SATE LLITE BEACH FL 32957

Title            DIRECTOR  
Name            FULLER, GARRY  
Address        925 HIGHWAY A1A, #702  
City-State-Zip: SATE LLITE BEACH FL 32937

Title            DIRECTOR  
Name            WHITE, CHARLES  
Address        925 HIGHWAY A1A, UNIT 603  
City-State-Zip: SATE LLITE BEACH FL 32937

Title            DIRECTOR  
Name            FEIN, MONTY  
Address        925 HWY A1A, UNIT 201  
City-State-Zip: SATE LLITE BEACH FL 32937

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRADLEY L. CONNER

**PRESIDENT**

**01/21/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date