FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733059 (0)

1. Corporation Name

EL MIRADOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1485 MEMOLI LANE FT MYERS FL 33919	1485 MEMOLI LANE FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1975
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-0978742 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DELZELL ARMINTA B
1485 MEMOLI LN APT 15
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: GEHRING JAMES R
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1485 MEMOLI LN APT 16
84 City: FT MYERS FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JAMES R GEHRING James R Gehring MARCH 15, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Addition
NAME	ZULL OALE	1.2 NAME	
STREET ADDRESS	1485 MEMOLI LANE, APT 4SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Addition
NAME	KAY, BILL	2.2 NAME	
STREET ADDRESS	1485 MEMOLI LANE, APT. 8	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Addition
NAME	BRENAN, Ruth	3.2 NAME	
STREET ADDRESS	1485 MEMOLI LANE, APT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Addition
NAME	GEHRING, JAMES	4.2 NAME	
STREET ADDRESS	1485 MEMOLI LN APT #16	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Addition
NAME	FLAHART, DONALD	5.2 NAME	
STREET ADDRESS	1485 MEMOLI LANE, APT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	WONDERGEM, THOMAS	6.2 NAME	
STREET ADDRESS	1485 MEMOLI LN APT #7W	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	33919

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R Gehring MARCH 15, 1995 482-7029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES R GEHRING