FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90024 012 ****61.25

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DOCUMENT # **733059**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/13/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0978742 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLAHART, DONALD 1485 MEMOLILANE #4S FT MYERS FL 33919	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	FLAHART, DONALD		1.2 NAME	SMAILES, CLAUDIA	
STREET ADDRESS	1485 MEMOLI LANE #4S		1.3 STREET ADDRESS	1485 MEMOLI LANE 4W	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	T	☐ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	MCCALL, LOIS		2.2 NAME	SHIRLEY MARKS	
STREET ADDRESS	1485 MEMOLI LANE #2W		2.3 STREET ADDRESS	1485 MEMOLI LANE 3W	
CITY-ST-ZIP	FT. MYERS FL 33919		2.4 CITY-ST-ZIP	FORT MYERS, FL, 33919	
TITLE	CVP	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ZEZIMA, ANNETTE		3.2 NAME	BERNARD JOHNSON	
STREET ADDRESS	1485 MEMOLI LANE		3.3 STREET ADDRESS	1485 MEMOLI LANE #7	
CITY-ST-ZIP	FT MYERS FL 33919		3.4 CITY-ST-ZIP	FORT MYERS, FL, 33919	
TITLE	S	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	SMAILES, CLAUDIA		4.2 NAME	JEAN PARKS	
STREET ADDRESS	1485 MEMOLI LANE #4W		4.3 STREET ADDRESS	1485 MEMOLI LANE #6	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	FORT MYERS, FL. 33919	
TITLE	CVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM, KAY		5.2 NAME		
STREET ADDRESS	1485 MEMOLI LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZULL, DALE		6.2 NAME		
STREET ADDRESS	537 PERWINKLE COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Douglas A. Flahart SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-13-99 Date — (941) 489-4945 Daytime Phone #