

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 034 ****61.25

DOCUMENT # 733059

1. Entity Name

EL MIRADOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1485 MEMOLI LANE
FT MYERS FL 33919

Mailing Address

1485 MEMOLI LANE
FT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0978742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLAHART, DONALD
1485 MEMOLILANE
#4S
FT MYERS FL 33919

Name

ALTON F. BLAINE

Street Address (P.O. Box Number is Not Acceptable)

1485 MEMOLI LN. 8S

City

FT. MYERS

FL

Zip Code

33919

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

Alton F. Blaine ALTON F. BLAINE

2-11-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAINE, ALTON 1485 MEMOLI LANE #5 FT. MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAHART, EDNA 1485 MEMOLI LANE #4 FT. MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LERBERG, ROBERT 1485 MEMOLI LANE #1W FORT MYERS FL 33919-6382	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DONALD, FLAMART 1485 MEMOLI LANE #4 FORT MYERS FL 33919-6382	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA SAVIO, CAROL 1485 MEMOLI LANE #7W FORT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRADER, RODNEY 1485 MEMOLI LANE #8W FORT MYERS FL 33919	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donald Flahart 1485 MEMOLI LANE #4S. FT. MYERS, FL. 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN PARKS 1485 MEMOLI LANE #6 SO. FT. MYERS, FL. 33919	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM KAY 1485 MEMOLI LANE #8 SO. FT. MYERS, FL. 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLOIS MCCALL 1485 MEMOLI LANE #2W FT. MYERS, FL. 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT LERBERG 1485 MEMOLI LANE #1W FT. MYERS, FL. 33919	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 617, 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:

William Kay WILLIAM KAY VICE PRESIDENT 11 FEB 04 239 482-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #