

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 011 ****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



40051110



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0978742	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAINE, ALTON F 1485 MEMOLI LANE 5 SOUTH FT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY 1485 MEMOLI LANE, 5 SOUTH FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARKS, JEAN 1485 MEMOLI LANE #6 SO. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRENNAN, RUTH 1485 MEMOLI LANE, # 10 S FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LERBERG, ROBERT 1485 MEMOLI LANE #1W FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLAINE, ALTON 1485 MEMOLI LANE, #5 SOUTH FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONALD FLAHERTY 1485 MEMOLI LANE #4 FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 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: *Ruth E Brennan* **RUTH E BRENNAN** 2-18-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #