2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733059

1. Entity Name



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90130 042 ****61.25

EL MIRAL	OOR CONDOMINIUM ASSOCIA	ITION, INC.						
1485 MEMOLI LANE 1485		Mailing Address 1485 MEMOLI LANE FT MYERS FL 33919	185 MEMOLI LANE			· · ·		
<u> </u>								
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKI	NG CHANGES	;	
City & State C		City & State	City & State		4. FEI Number 59-0978742		Applied For Not Applicable	
Zip	7 Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current F	legistered Agent		7. Name and Ad	Idress of New Registere	<u> </u>		┪-
			Name			<u>*</u>		1
	T, DONALD		Street Ad	ddress (P.O. Box Number is	Not Acceptable)			1
1485 ME #4S	MOLILANE							ł
	RS FL 33919						•	
4			City		F	L Zip Coo	de	ı
	e named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both, i	n the State of Florida. I a	m familiar with,	and accept	Í
Ture obliga	tions of registered agent"							
SIGNATURE								
	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	DATE			ĺ
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of		
10.	OFFICERS AND DIRI	CTORS	11.	ADDITIONS/CHANG	GES TO OFFICERS AND	DIRECTORS IN	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMAILES, CLAUDIA 1485 MEMOLI LANE 4W FT. MYERS FL 33919	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTON BLAIN 1485 MEMOLI		☐ Change	☑ Addition	00/01/ 100
TITLE	D	⊠ Delete	777.5	<u>Fort MYERS, FL</u> D		☐ Change	Addition	Š
NAME	MCCALL, LOIS	pa Dololo	NAME	EDNA FLAHAR 1485 MEMOLI	T	onlinge	24 / Iddition	3
STREET ADDRESS	1485 MEMOLI LANE #2W						ļ	
CITY-ST-ZIP	FT. MYERS FL 33919			FORT MYERS, 1	EL. 33919		677	
title Name	LERBERG, ROBERT	☐ Delete	TITLE NAME	D CAROL LA SA	VIO	☐ Change	X Addition	
STREET ADDRESS	1485 MEMOLI LANE #1W		STREET ADDRESS	1485 MEMOLI	LANE # TW			١
CITY-ST-ZIP	FORT MYERS FL 33919-6382		CITY-ST-ZIP	FORT MYERS,				
TITLE	PT STATE OF THE PT	☐ Delete	TITLE	D	-	Change	⊠ Addition	
NAME STREET ADDRESS	DONALD, FLAMART 1485 MEMOLI LANE #4		NAME	RUDNEY TRAI 1485 MEMOLI	LANGH8W		ļ	
CITY-ST-ZIP	FORT MYERS FL 33919-6382		STREET ADDRESS CITY-ST-ZIP					ı
FITLE	D	Delete Delete	TITLE	FORT MYERS,	16 33/17	Change	Addition	ĺ
NAME	CONWAY, SAM	sep Dolotto	NAME			onenge	Audition	
STREET ADDRESS	1485 MEMOLI LANE #14		STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP					
INTLE	CLAINE CLAINE	☐ Delete	TITLE			☐ Change	Addition	
NAME	277	<i>:</i>	NAME					

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.

CITY-ST-ZIP

SIGNATURE: