

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002027

Entity Name: MIRASOL CLUB, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON, FL 342024108

New Principal Place of Business:

Current Mailing Address:

8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON, FL 342024108

New Mailing Address:

FEI Number: 65-1000062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, MARC I
877 EXECUTIVE CENTER DRIVE W.
SUITE 205
ST. PETERSBURG, FL 337022472 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERNA, CRAIG A
Address: 11400 NURSERY LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VSD () Delete
Name: CHOROST, AARON
Address: 11400 NURSERY LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT () Delete
Name: LANE, MICHAEL
Address: 11400 NURSERY LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: AS () Delete
Name: SPENCER, MARC I
Address: 8430 ENTERPRISE CIRCLE, SUITE 100
City-St-Zip: BRADENTON, FL 342024108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG A. PERNA

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date