
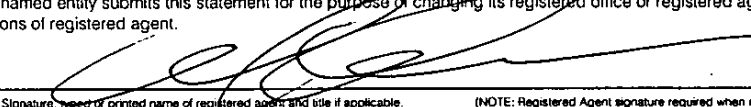
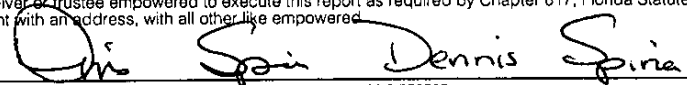


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90290 027 \*\*\*\*70.00

DOCUMENT # N00000007941			
1. Entity Name FLORENZA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487		Mailing Address 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487	
2. Principal Place of Business <b>C/O LANG MANAGEMENT</b> Suite, Apt. #, etc. <b>21045 COMMERCIAL TRAIL</b> City & State <b>BOCA RATON, FL</b> Zip <b>33486</b>		3. Mailing Address <b>C/O LANG MANAGEMENT</b> Suite, Apt. #, etc. <b>21045 COMMERCIAL TRAIL</b> City & State <b>BOCA RATON, FL</b> Zip <b>33486</b>	
		02252005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-1058345	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, JUDY M 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name <b>WILLIAM ISAACSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O LANG MANAGEMENT</b> <b>21045 COMMERCIAL TRAIL</b> City <b>Boca Raton</b> FL Zip Code <b>33486</b>	
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 		DATE <b>4-18-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, NANCY 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dennis Spina 116 Via Florenza Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORG, DEAN 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Karen Chandon 121 Via Florenza Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAY, JUDY M. 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas Brown Via Florenza 5137 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Philip Cohen 130 Via Florenza Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Maurin Stillman 111 Via Florenza Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 		Date <b>3-04-05</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

630-8001