

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 036 ****61.25

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03232004 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000007291					
1. Entity Name OLIVERA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SABATELLO DEVELOPMENT CORP. IV, INC. 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS, FL 33418 c/o SUNRISE COMPANIES			Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458		
2. Principal Place of Business 275 TONEY PENNA DRIVE		3. Mailing Address			
Suite, Apt. #, etc. #7		Suite, Apt. #, etc.			
City & State JUPITER FL		City & State		4. FEI Number 65-1146542	
Zip 33458		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNKLE, CRAIG 275 TONEY PENNA DRIVE, #7 JUPITER, FL 33458			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Makes check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERNA, CRAIG A		NAME		
STREET ADDRESS	11400 NURSERY LANE		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHOROST, AARON		NAME		
STREET ADDRESS	11400 NURSERY LN		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKAN, STEVEN A		NAME		
STREET ADDRESS	8430 ENTERPRISE CIR, STE 100		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34202		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABATELLO, CARL M		NAME		
STREET ADDRESS	5610 PGA BLVD., STE 114		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 address, with all other like empowered.					
SIGNATURE:		CRAIG PERNA		4-21-04 (561) 624-7555	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	