


FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90297 013 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007291			
1. Entity Name OLIVERA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O SUNRISE COMPANIES 275 TONEY PENNA DR #7 JUPITER, FL 33458		Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1148542		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUNKLE, CRAIG 275 TONEY PENNA DRIVE, #7 JUPITER, FL 33458		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 date if applicable. (NOTE: Registered agent domestic required when re-registering)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERNA, CRAIG A <input type="checkbox"/> Delete 11400 NURSERY LANE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHOROST, AARON <input checked="" type="checkbox"/> Delete 11400 NURSERY LN PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Sabatello 5610 PGA Blvd ste 114 Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAKAN, STEVEN A <input checked="" type="checkbox"/> Delete 8430 ENTERPRISE CIR, STE 100 BRADENTON, FL 34202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D and VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul Sabatello 5610 PGA Blvd ste 114 Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATELLO, CARL M <input type="checkbox"/> Delete 5610 PGA BLVD., STE 114 PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D and P <input checked="" type="checkbox"/> Change <input 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 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 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(2)(X), 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: _____		CARL SABATELLO 4-29-05 561-575-7792	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>		<small>DATE</small>	

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