
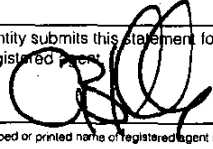
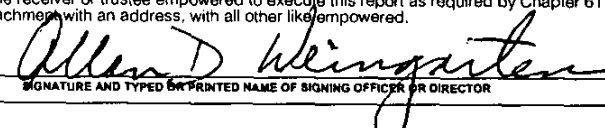


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90033 038 ****61.25

DOCUMENT # N01000007291			
1. Entity Name OLIVERA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.		Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458	
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 - No P.O. Box # 1061 E. Indiantown Road - Suite 410 Jupiter, FL		3. Mailing Address 1061 E. Indiantown Road - Suite 410 Jupiter, FL	
Zip 33477 Country USA		Zip 33477 Country USA	
4. FEI Number 65-1146542		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 KUNKLE, CRAIG 275 TONEY PENNA DRIVE, #7 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name KUNKLE, CRAIG Street Address (P.O. Box Number is Not Acceptable) 1061 E. INDIANTOWN ROAD - SUITE 410 City JUPITER FL Zip Code 33477	
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	
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME WEINGARTON, ALLAN STREET ADDRESS 136 OLIVERA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE WEINGARTON, ALLAN NAME WEINGARTON, ALLAN STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME NICHOLS, GENE STREET ADDRESS 131 OLIVERA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HALICKMAN, DOREEN STREET ADDRESS 102 OLIVERA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE T NAME GAVRIILISTED STREET ADDRESS 103 OLIVERA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME KAVASMANECK, ABAN STREET ADDRESS 134 OLIVERA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME KRASKER, JERRY STREET ADDRESS 125 OLIVERA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50000537



02062008 Chg-NP CR2E037 (12/06)