2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007291

FILED Mar 18, 2009 Secretary of State

Entity Name: OLIVERA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1061 E. INDIANTOWN ROAD SUITE 410 JUPITER, FL 33477 **New Mailing Address: Current Mailing Address:** 1061 E. INDIANTOWN ROAD SUITE 410 JUPITER, FL 33477 FEI Number: 65-1146542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUNKLE, CRAIG THE SUNRISE COMPANIES 1061 E. INDIANTOWN ROAD-SUITE 410 1061 E. INDIANTOWN ROAD JUPITER, FL 33477 US SUITE 410 JUPITER, FL 33477 US 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: CRAIG B. KUNKLE 03/18/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WEINGARTEN, ALLAN Name: Name: 136 OLIVERA WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: (X) Change () Addition NICHOLS, GENE Name: LIPTZ, SHELDON Name: Address: 131 OLIVERA WAY Address: 135 OLIVERA WAY City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: () Change () Addition GAVRILIS, TED Name: Name: Address: 103 OLIVERA WAY Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KAVASMANECK, ABAN Name: 134 OLIVERA WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: () Change () Addition KRASKER, JERRY Name: Name: 125 OLIVERA WAY Address: Address: PALM BEACH GARDENS, FL 33418 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALLAN WEINGARTEN P 03/18/2009