
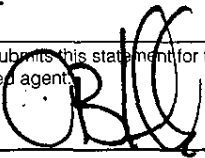


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90161 045 \*\*\*\*61.25

0055225

<b>DOCUMENT # NO1000007291</b>			
1. Entity Name <b>OLIVERA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>11400 NURSERY LN PALM BEACH GARDENS FL 33418</b>		Mailing Address <b>8430 ENTERPRISE CIR. STE 100 BRADENTON FL 34202</b>	
2. Principal Place of Business		3. Mailing Address <b>275 TONEY PENNA DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#7</b>	
City & State		City & State <b>JUPITER, FL</b>	
Zip	Country	Zip	Country
		<b>33458</b>	
6. Name and Address of Current Registered Agent <b>PESKIN, JOHN R C/O TAYLOR WOODROW COMMUNITIES 8430 ENTERPRISE CIR, STE 100 BRADENTON FL 34202</b>		7. Name and Address of New Registered Agent Name <b>CRAIG KUNKLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>275 TONEY PENNA DRIVE, #7</b> <b>JUPITER, FL</b> Zip Code <b>33458</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>4-23-03</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-1146542</b>	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>FEE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PERNA, CRAIG A 11400 NURSERY LANE PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARL M. SABATELLO 5610 PGA BLVD, SUITE 114 PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CHOROST, AARON 11400 NURSERY LN PALM BEACH GARDENS FL 33418</b> <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	<b>DST BAKAN, STEVEN A 8430 ENTERPRISE CIR, STE 100 BRADENTON FL 34202</b> <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
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(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 ke empowered.

SIGNATURE:  **Carl M. Sabatello** Date: **3/31/03** D daytime Phone #: **(561) 626-7600**

CR2E037 (10/02)