



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90095 050 ****61.25

DOCUMENT # N03599 1. Entity Name MIRIMAR ARMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US				Mailing Address CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 101080 Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State Cape Coral FL		4. FEI Number 59-2508648	
Zip 33910		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIFRA, BEVERLY CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDRIOTTY, NICK 3731 PONY TAIL PALM CT. NORTH FORT MYERS, FL 33917 <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	D STEVENS, DAN 4903 VINCENNES ST., #116 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Troy Leonard 4903 Vincennes, Ct #110 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANCELIN, CHANTEL 4903 VINCENNES ST. #213 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Danielle Duda 4904 Vincennes Ct, #108 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENDO, RONALD 4903 VINCENNES STREET, #213 CAPE CORAL, FL 33904 <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	D ELAHI, SEYD 4904 VINCENNES STREET, #105 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Chibbaro 4903 Vincennes Ct, #115 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" 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 like empowered.					
SIGNATURE: 			Ronald Endo, President 4-11-05 239-443-7776		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		