

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90052 004 ****70.00

DOCUMENT # N04000006400																																									
1. Entity Name MAGDALENA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.																																									
Principal Place of Business C/O LANG MANAGEMENT COMPANY 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US			Mailing Address C/O LANG MANAGEMENT COMPANY 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US																																						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State		4. FEI Number 20-1813686																																					
Zip		Country		Applied For <input type="checkbox"/> Not Applicable																																					
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent ISQACSON, WILLIAM K. LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486-1006			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Isaacson, William K</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">Lang Management Company, Inc.</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="5">21045 Commercial Trail</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="5">Boca Raton</td> </tr> <tr> <td style="padding: 2px;">State</td> <td colspan="5">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="5">33486-1006</td> </tr> </table>			Name	Isaacson, William K					Street Address (P.O. Box Number is Not Acceptable)	Lang Management Company, Inc.					City	21045 Commercial Trail					City	Boca Raton					State	FL					Zip Code	33486-1006				
Name	Isaacson, William K																																								
Street Address (P.O. Box Number is Not Acceptable)	Lang Management Company, Inc.																																								
City	21045 Commercial Trail																																								
City	Boca Raton																																								
State	FL																																								
Zip Code	33486-1006																																								
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, 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 VP	NAME COOPER, STEPHEN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
STREET ADDRESS 117 DALENA WAY	CITY-ST-ZIP PBG, FL 33418			NAME	STREET ADDRESS																																				
TITLE S	NAME MIDDLETON, DAVID		<input type="checkbox"/> Delete	NAME	STREET ADDRESS																																				
STREET ADDRESS 102 DALENA WAY	CITY-ST-ZIP PBG, FL 33418			NAME	STREET ADDRESS																																				
TITLE D	NAME NEAL, GREGG		<input type="checkbox"/> Delete	NAME	STREET ADDRESS																																				
STREET ADDRESS 132 DALENA WAY	CITY-ST-ZIP PBG, FL 33418			NAME	STREET ADDRESS																																				
TITLE T	NAME PRISSERT, FRANK		<input type="checkbox"/> Delete	NAME	STREET ADDRESS																																				
STREET ADDRESS 127 DALENA WAY	CITY-ST-ZIP PBG, FL 33418			NAME	STREET ADDRESS																																				
TITLE P	NAME SMITH, MICHAEL		<input type="checkbox"/> Delete	NAME	STREET ADDRESS																																				
STREET ADDRESS 104 DALENA WAY	CITY-ST-ZIP PBG, FL 33418			NAME	STREET ADDRESS																																				
TITLE	NAME		<input type="checkbox"/> Delete	NAME	STREET ADDRESS																																				
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS																																				
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 titles empowered.																																									
SIGNATURE:			President																																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/7/08 (676-8283)																																						