

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000009143

1. Entity Name  
MIRABELLA I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
7001 LAKE ELLENOR DR, SUITE 200  
ORLANDO, FL 32809

Mailing Address  
7001 LAKE ELLENOR DR, SUITE 200  
ORLANDO, FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
03-0572993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, ANTHONY C  
7001 LAKE ELLENOR DR, SUITE 200  
ORLANDO, FL 32809

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 ☒ Delete  
NAME MARTIN, ANTHONY C  
STREET ADDRESS 7001 LAKE ELLENOR DR, SUITE 200  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900080730919  
CITY-ST-ZIP 10/11/06--01058--006 \*\*\$1.25

TITLE VST ☐ Delete  
NAME FLANAGAN, SEAN  
STREET ADDRESS 7001 LAKE ELLENOR DR, SUITE 200  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE ☒ Change ☐ Addition  
NAME VSTD  
STREET ADDRESS Flanagan, Sean  
CITY-ST-ZIP 7001 Lake Ellenor Drive, Suite 200  
Orlando, FL 32809

TITLE D ☐ Delete  
NAME KAMMERMAN, MARCY  
STREET ADDRESS 5900 NORTH ANDREWS AVE SUITE 500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☒ Change ☐ Addition  
NAME PD  
STREET ADDRESS Kammerman, Marcy  
CITY-ST-ZIP 5900 North Andrews Ave., Suite 500  
Ft. Lauderdale, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Cynthia Schulz  
CITY-ST-ZIP 10075 Gate Parkway North, Unit 1604  
Jacksonville, FL 32246

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Sean Flanagan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/21/2006

Date

407.816.5921

Daytime Phone #

xc 10/11

FILED  
06 OCT 11 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

