


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90228 049 ****61.25

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 - No P.O. Box # 10075 Gate Pkwy North Suite, Apt. #, etc. #502		3. Mailing Address 10075 Gate Pkwy North Suite, Apt. #, etc. #502	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32246	Country US	Zip 32246	Country US
4. FEI Number 03-0572993		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, ANTHONY C 7001 LAKE ELLENOR DR, SUITE 200 ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	STD FLANAGON, SEAN 7001 LAKE ELLENOR DR, SUITE 200 ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (Treasurer) Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James C. Cabbas 7001 Lake Ellenor Drive, Suite 200 Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMMERMAN, MARCY 5900 NORTH ANDREWS AVENUE, SUITE 500 FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULZ, CYNTHIA 10075 GATE OAKWAY NORTH, UNIT 1604 JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, ANTHONY C 7001 LAKE ELLENOR DRIVE, STE 200 ORLANDO, FL 32809	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 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: <i>Gregory A. Kammerman, President</i>		Date 4/5/07 Daytime Phone # 954-712-2755	