

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90033 004 \*\*\*\*61.25

**DOCUMENT # N05000010409**

1. Entity Name  
**MARIPOSA AT WHIPPOORWILL CONDOMINIUM ASSOCIATION, INC.**



40008373



Principal Place of Business  
 1440 RAILHEAD BLVD STE 6  
 NAPLES, FL 34110

Mailing Address  
 1440 RAILHEAD BLVD STE 6  
 NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 20-3597775

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required.

**6. Name and Address of Current Registered Agent**

**BROWN, GARY L**  
 C/O PHILLIPS, EISINGER & BROWN, P.A.  
 4000 HOLLYWOOD BLVD STE 265 SOUTH  
 HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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 DP  Delete  
 NAME ZUCKERMAN, ANDREW  
 STREET ADDRESS 6131 LYONS ROAD, SUITE #200  
 CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DVT  Delete  
 NAME ZUCKERMAN, STEVEN  
 STREET ADDRESS 6131 LYONS ROAD, SUITE # 200  
 CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DS  Delete  
 NAME ZUCKERMAN, DAVID  
 STREET ADDRESS 6131 LYONS ROAD, SUITE #200  
 CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE  Change  Addition  
 NAME Gloria Goddard  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: Steven Zuckerman Date 1/29/07 Daytime Phone # 954-481-3700