## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010409

FILED May 11, 2008 Secretary of State

Entity Na	me: Mariposa at Whippoorwill Co	DNDOMINIUM ASSOCIATION, INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
1440 RAIL NAPLES,	HEAD BLVD STE 6 FL 34110	1300 MARIPOSA CIRCLE NAPLES, FL 34105
Current M	lailing Address:	New Mailing Address:
1440 RAIL NAPLES,	HEAD BLVD STE 6 FL 34110	C/O DIRECTORS CHOICE, LLC PO BOX 1405 NAPLES, FL 341061405 US
In accordan	: 20-3597775 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation di	•
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
4000 HOL	GARY L LIPS, EISINGER & BROWN, P.A. LYWOOD BLVD STE 265 SOUTH DOD, FL 33021 US	
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	DP () Delete ZUCKERMAN, ANDREW 6131 LYONS ROAD, SUITE #200 COCONUT CREEK, FL 33073 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name:	DVT () Delete	Title: ( ) Change ( ) Addition
Address: City-St-Zip:	ZUCKERMAN, STEVEN 6131 LYONS ROAD, SUITE # 200 COCONUT CREEK, FL 33073 US	Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA GODDARD DS 05/11/2008