


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N05000011646**

1. Entity Name  
**MIRASOL AT COCONUT POINT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**125 N. AIRPORT RD., SUITE 202**      **125 N. AIRPORT RD., SUITE 202**  
**NAPLES, FL 34104**      **NAPLES, FL 34104**

**DO NOT WRITE IN THIS SPACE**



05062008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>42-1685791</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FLOOD, PETER T**  
**125 N. AIRPORT RD., SUITE 202**  
**NAPLES, FL 34104**

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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 September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00** May Be Added to Fees

1100000850901  
 06/04/08-80010-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOOD, PETER 125 N. AIRPORT RD., SUITE 202 NAPLES, FL 34104
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter T Flood      5/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #