


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002388

1. Entity Name
MIRA BELLA CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

511 BAHAMA DR **511 BAHAMA DR**
INDIAN HARBOUR BEACH, FL 32937 **INDIAN HARBOUR BEACH, FL 32937**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4458978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B ESQ.
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE, FL 32901

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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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, KEVIN J 145 MARTESIA WAY INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWERS, THOMAS L 149 MARTESIA WAY INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, MARGARET 1239 ETRUSCAN WAY INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Willis PRES. 4/8/08 321-777-5695

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