

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

FILED

08 SEP 19 PM 3:56


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09042008 Chg-NP CR2E037 (12/06)

**DOCUMENT # N06000002388**

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



Principal Place of Business  
511 BAHAMA DR  
INDIAN HARBOUR BEACH, FL 32937

Mailing Address  
511 BAHAMA DR  
INDIAN HARBOUR BEACH, FL 32937

2. Principal Place of Business - No P.O. Box #  
1305 ETRUSCAN WAY  
Suite, Apt. #, etc.

3. Mailing Address  
1305 ETRUSCAN WAY  
Suite, Apt. #, etc.

City & State  
INDIAN HARBOUR BCH FL

City & State  
INDIAN HARBOUR BCH, FL

Zip  
32937

Country

Zip  
32937

Country

4. FEI Number  
20-4458978

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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

7. Name and Address of New Registered Agent  
Name  
STEPHEN C. BARBER  
Street Address (P.O. Box Number is Not Acceptable)  
1255 ETRUSCAN WAY  
City  
INDIAN HARBOUR BCH FL  
Zip Code  
32937

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 *Stephen C. Barber* STEPHEN C. BARBER, 9.19.08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Amended AR is \$61.25

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILLIS, KEVIN J<br>145 MARTESIA WAY<br>INDIAN HARBOUR BEACH, FL 32937<br><input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>STEPHEN C. BARBER<br>1255 ETRUSCAN WAY<br>INDIAN HARBOUR BCH, FL, 32937<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>POWERS, THOMAS L<br>149 MARTESIA WAY<br>INDIAN HARBOUR BEACH, FL 32937<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | UPD<br>ANN L. ROYER<br>1291 ETRUSCAN WAY<br>INDIAN HARBOUR BCH, FL 32937<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MARTIN, MARGARET<br>1239 ETRUSCAN WAY<br>INDIAN HARBOUR BEACH, FL 32937<br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 900136246569<br>09/23/08--01016--011 **\$1.25<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Stephen C. Barber* - Stephen C. Barber 9-19-08 321-652-4718  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

KS