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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21318

1. Corporation Name

MIRA LAGO CONDOMINIUM ASSOCIATION, INC.

515495 - 90064 - 13

Principal Place of Business
3150 NW 46TH STREET
FORT LAUDERDALE FL 33309

Mailing Address
3150 NW 46TH STREET
FORT LAUDERDALE FL 33309



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/25/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0236286

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, ROBERT W
2691 E OAKLAND PARK BLVD
STE 303
FORT LAUDERDALE FL 33308

81 Name
Tamar Duffner Shendell, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
3650 North Federal Highway
83 Suite 208
84 City
Lighthouse Point, FL
85 Zip Code
33064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD
HARMON, PAULA
STREET ADDRESS 3200 NW 46TH STREET, #208
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME VD
GUESALAGA, VICTOR
STREET ADDRESS 3100 NW 46TH ST 107
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE Change Addition
2.2 NAME VD
2.3 STREET ADDRESS Jim Husky
3300 N. W. 46 St. #206
2.4 CITY-ST-ZIP Ft. Lauderdale, FL

TITLE DELETE
NAME TSD
RODRIGUEZ, ARLENE
STREET ADDRESS 3300 NW 46 ST UNIT 101
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE Change Addition
3.2 NAME TSD
3.3 STREET ADDRESS Barbara B. Pierson
3300 N. W. 46 St. 103
3.4 CITY-ST-ZIP Ft. Lauderdale, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)