

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21318

1. Entity Name

MIRA LAGO CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90061 007 ****61.25

Principal Place of Business

Mailing Address

3150 NW 46TH STREET
 FORT LAUDERDALE FL 33309

3150 NW 46TH STREET
 FORT LAUDERDALE FL 33309-6801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address:

2085 University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Coral Springs, FL

4. FEI Number

65-0236286

Applied For

Not Applicable

Zip

Country

Zip

33071

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUFFNER, TAMAR
 3650 N FEDERAL HWY
 STE 208
 LIGHTHOUSE FL 33064

Name: Southeast Condominium Management
 Street Address (P.O. Box Number is Not Acceptable): 2085 University Dr
 City: Coral Springs FL Zip Code: 33071

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.

SIGNATURE: *C. Charenza*

DATE: 2/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	HARMON, PAULA	3200 NW 46TH STREET, #208	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
VD	GUESALAGA, VICTOR	3300 NW 46 ST 206	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
TSD	PIERSON, BARBARA B	3300 NW 46 ST 103	FT LAUDERDALE FL	<input checked="" type="checkbox"/>
	COT/D Bancroft Darling	3100 NW 46 St # 203	Ft Lauderdale, FL	<input type="checkbox"/>
	CO/SEC/D Jan Gorman	3100 NW 46 ST # 105	Ft Lauderdale, FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	(Jacqueline Welch) Jackie Welch	3300 NW 46 ST # 101	Ft Lauderdale, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CO P/D	Jim Husky	3300 NW 46 ST # 206	Ft Lauderdale, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D	Gail Moore	3300 NW 46 ST # 104	Ft Lauderdale, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CO VP/D	Laurie Fisch	3300 NW 46 ST # 205	Ft Lauderdale, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	Gifford Dixon	3100 NW 46 ST # 204	Ft Lauderdale, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CO VP/D	Susan Lizer	3100 NW 46 ST # 205	Ft Lauderdale, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 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: *Jacqueline Welch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (9/99)