

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -8 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21318 1. Entity Name MIRA LAGO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4706 N STATE RD 7, SUITE 200 FORT LAUDERDALE, FL 33319	Mailing Address 3200 NW 46 STREET #106 FT LAUDERDALE, FL 33309 US
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04252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 5300 Powerline Rd Suite, Apt. #, etc. #200A City & State Ft LAUDERDALE FL Zip 33309 County Broward	3. Mailing Address 5300 Powerline Rd Suite, Apt. #, etc. 200A City & State Ft Lauderdale FL Zip 33309 County Broward
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4. FEI Number 65-0236286	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RANDALL K ROGER & ASSOCIATES PA 621 NW 53 STREET #300 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name Jennings & Valancy, P.A. Street Address (P.O. Box Number is Not Acceptable) 311 SE 13th St City Ft Lauderdale FL Zip Code 33309
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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: _____ DATE: 5/5/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANGAROO, GAIL 3300 NW 46TH STREET #202 FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUSKY, JAMES 3300 NW 46TH STREET #206 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSSIAN, BRIAN 3300 NW 46ST #208 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREESE, CAROL 3200 NW 46TH STREET #106 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERIMA, ANNA 3200 NW 46TH ST., #104 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRASOL, MARCOS 3300 NW 46TH STREET #108 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEGALL, TOM 3200 NW 46 ST #204 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5001292220750 05/13/08--01034--003 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: Brian Bussian DATE: 4/29/08 DAYTIME PHONE #: 951-484-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS