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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004298 (4)**

1. Corporation Name

THE MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO 801 LAUREL OAK DR., STE. 640 NAPLES FL 33963	C/O WOODWARD, PIRES, ANDERSON & LOMBARDO 801 LAUREL OAK DR., STE. 640 NAPLES FL 34108-2707

3. Date Incorporated or Qualified: 09/05/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 34108
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 65-0611374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO
801 LAUREL OAK DR., STE. 640
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 34108

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, DARRELL G		1.2 NAME		
STREET ADDRESS	606 BALD EAGLE DR., #600		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 33937		1.4 CITY-ST-ZIP	34145	
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, BONNIE M		2.2 NAME		
STREET ADDRESS	606 BALD EAGLE DR., #600		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 33937		2.4 CITY-ST-ZIP	34145	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, DOUGLAS E		3.2 NAME		
STREET ADDRESS	550 FIELDSTONE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 33937		3.4 CITY-ST-ZIP	34145	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Darrell G. Brown DARRELL G. BROWN 4/15/97 941-394-7910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059714