FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90044 015 ****61.25

DOCUMENT # N95000004298

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 33963

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/05/1995
Suite, Apt. #, etc. 22 Suite 710	Suite, Apt. #, etc. 27 Suite 710	4. FEI Number 65-0611374 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34108 Country 25	Zip 29 34108 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO
801 LAUREL OAK DR, SUITE 710
NAPLES FL 34108

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

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	VP	☒ 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		1.4 CITY-ST-ZIP		
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		2.4 CITY-ST-ZIP		
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		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME			4.2 NAME	SCOTT NIELSON	
STREET ADDRESS			4.3 STREET ADDRESS	171 GRAY ST.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	AMHERST, MA 01002	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Eleanor Levi Nielson	
STREET ADDRESS			5.3 STREET ADDRESS	171 Gray St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Amherst, MA 01002	
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		

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: David A. Pires SIGNATURE REQUIRED 4/16/99 (941) 394-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C:R2EO37-(11/98)