2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90014 024 ****70.00

DOCUMENT # N95000004298

1. Entity Name

THE MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION,

Principal Place of Business	Mailing Address
C/O WOODWARD. PIRES. ANDERSON & LOMBARDO 801 LAUREL OAK DR.. STE. 710 NAPLES FL 34108	C/O WOODWARD. PIRES. ANDERSON & LOMBARDO 801 LAUREL OAK DR.. STE. 710 NAPLES FL 34108-2707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Woodward, Pires & Lombardo	c/o Woodward, Pires & Lombardo
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
WOODWARD, MARK J C/O WOODWARD, PIRES, ANDERSON & LOMBARDO 801 LAUREL OAK DR, SUITE 710 NAPLES FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) c/o Woodward, Pires & Lombardo City **FL** Zip Code

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 _____
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	VPD BROWN, DARRELL G 606 BALD EAGLE DR., #600 MARCO ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIELSON, SCOTT 171 GRAY ST AMHERST MA 01002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIELSON, ELEANOR L 171 GRAY ST AMHERST MA 01002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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: David M. Brown EQ Darrell G. Brown 2/21/00 941-394-7910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #