

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004298

1. Entity Name

THE MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION,

Principal Place of Business

C/O WOODWARD, PIRES & LOMBARDO
801 LAUREL OAK DR., STE. 710
NAPLES FL 34108

Mailing Address

C/O WOODWARD, PIRES & LOMBARDO
801 LAUREL OAK DR., STE. 710
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

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 & LOMBARDO
801 LAUREL OAK DR, SUITE 710
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

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 VPD
NAME BROWN, DARRELL G ☐ Delete
STREET ADDRESS 606 BALD EAGLE DR., #600
CITY-ST-ZIP MARCO ISLAND FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME NIELSON, SCOTT ☐ Delete
STREET ADDRESS 171 GRAY ST
CITY-ST-ZIP AMHERST-MA 01002

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME NIELSON, ELEANOR L ☒ Delete
STREET ADDRESS 171 GRAY ST
CITY-ST-ZIP AMHERST MA 01002

TITLE Director
NAME Elinor R. Levine ☒ Change ☐ Addition
STREET ADDRESS 171 Gray St.
CITY-ST-ZIP Amherst, MA 01002

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Elinor R. Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90296 008 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)