2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State
05-19-2002 90221 004 ****61.25

DOCUMENT # N95000004298

1. Entity Name

THE MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES FL 34103	C/O WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1070 S. COLLIER BLVD Suite, Apt. #, etc.	1070 S. COLLIER BLVD. Suite, Apt. #, etc.
City & State: MARCO ISLAND, FL	City & State: MARCO ISLAND, FL
Zip: 34145 Country: USA	Zip: 34145 Country: USA

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

WOODWARD, MARK J
C/O WOODWARD, PIRES & LOMBARDO, P.A.
3200 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: Jeffrey J. Will, MANAGER

Street Address (P.O. Box Number is Not Acceptable): 233 N. COLLIER BLVD

City: MARCO ISLAND FL Zip Code: 34145

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: Jeffrey J. Will MGT

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	D BERRY, BILL 1070 S. COLLIER BLVD. # 805 MARCO ISLAND, FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIELSON, SCOTT 171 GRAY ST AMHERST MA 01002	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVINE, ELINOR R 171 GRAY ST AMHERST MA 01002	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE INCLUDED 4/22/02 (239) 394-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #