

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91296 043 ****61.25

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1. Entity Name

THE MIRAGE ON THE GULF CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1070 S CALLIER BLVD
MARCO ISLAND FL 34145**

Mailing Address

**1070 S CALLIER BLVD
MARCO ISLAND FL 34145**

11023858



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1070 S. Collier Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1070 S. Collier Blvd.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country

USA

City & State

Marco Island, FL

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

**WILL, JEFFERY J
233 N COLLIER BLVD
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **LEVINE, ELINOR R**
STREET ADDRESS **171 GRAY ST**
CITY-ST-ZIP **AMHERST MA 01002**

TITLE **D** ☐ Delete
NAME **BERRY, BILL**
STREET ADDRESS **1070 S COLLIER BLVD #805**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Failla, John**
STREET ADDRESS **212 S. Bridge St.**
CITY-ST-ZIP **Yorkville, IL 60560**

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

TITLE **S/T** ☒ Change ☐ Addition
NAME **Berry, Bill**
STREET ADDRESS **1070 S. Collier Blvd., #805**
CITY-ST-ZIP **Marco Island, FL 34145**

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

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

TITLE ☐ Change ☐ Addition
NAME
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: **Signature Required**

4/24/03 (239) 394-1101

CR2E037 (10/02)