

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005816

FILED
Apr 08, 2008
Secretary of State

Entity Name: MIROMAR LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

10801 CORKSCREW RD
STE 305
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

10801 CORKSCREW RD
STE 305
ESTERO, FL 33928

New Mailing Address:

FEI Number: 59-3678036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GESCHWENDT, MARK
10801 CORKSCREW RD
STE 305
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SCHMOYER, JERRY
Address: 10801 CORKSCREW RD STE 305
City-St-Zip: ESTERO, FL 33928

Title: SD () Delete
Name: ELGIN, MICHAEL
Address: 10801 CORKSCREW RD STE 305
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: LEWIS, STEVEN
Address: 10801 CORKSCREW RD STE 305
City-St-Zip: ESTERO, FL 33928

Title: TD () Delete
Name: ROOP, ROBERT B
Address: 10801 CORKSCREW RD STE 305
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: MILLER, MARGARET J
Address: 10801 CORKSCREW RD STE 305
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. ROOP

TD

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date