

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009143

**Entity Name:** MIRABELLA I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4013065131**

**Current Principal Place of Business:**

10075 GATE PKWY NORTH  
OFFICE-CLUBHOUSE  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

10075 GATE PKWY NORTH  
OFFICE-CLUBHOUSE  
JACKSONVILLE, FL 32246

**FEI Number: 03-0572993**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PALMERI, SALVATORE A  
1200 RIVERPLACE BLVD  
SUITE 705  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHORT, THOMAS C  
Address        10075 GATE PKWY NORTH  
                 OFFICE-CLUBHOUSE  
City-State-Zip: JACKSONVILLE FL 32246

Title            VP  
Name            STUDIVANT, RENEE  
Address        10075 GATE PKWY NORTH  
                 OFFICE-CLUBHOUSE  
City-State-Zip: JACKSONVILLE FL 32246

Title            TREASURER, SECRETARY  
Name            WINELAND, JAMES  
Address        10075 GATE PKWY NORTH  
                 OFFICE-CLUBHOUSE  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS C. SHORT** **PRESIDENT**            **01/12/2015**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date