## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011902

Entity Name: MIRADA PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 21, 2023
Secretary of State
0212644233CC

## **Current Principal Place of Business:**

C/O TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN. STE. 49 FT. MYERS, FL 33907

## **Current Mailing Address:**

C/O TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN. STE. 49 FT. MYERS, FL 33907 US

FEI Number: 81-0849257 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC. C/O TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN. STE. 49 FT. MYERS, FL 33907 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: BRETT RUDLAND 04/21/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name MILETTA, DOMINICK Name NORTON, KEITH

Address 12734 KENWOOD LANE Address 12734 KENWOOD LANE

SUITE 49 SUITE 49

City-State-Zip: FT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title SECRETARY Title TREASURER

Name GRECH, HENRY Name PETER, CINDY

Address 12734 KENWOOD LANE Address 12734 KENWOOD LANE

SUITE 49 SUITE 49

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name SHULZ, MIKE

Address 12734 KENWOOD LANE

SUITE 49

City-State-Zip: FORT MYERS FL 33907

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: KEITH NORTON PRESIDENT 04/21/2023