

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011902

Entity Name: MIRADA PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 20, 2020
Secretary of State
3603982889CC

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

03/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	HAJICEK, ROBERT	Name	WEBER, TIMOTHY
Address	12734 KENWOOD LANE SUITE 49	Address	12734 KENWOOD LANE SUITE 49
City-State-Zip:	FT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	TREASURER	Title	SECRETARY
Name	WESTBROOK, MARILYN	Name	MONASTERO, ROBERT
Address	12734 KENWOOD LANE SUITE 49	Address	12734 KENWOOD LANE SUITE 49
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	DIRECTOR		
Name	LANZA, JOHN		
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: TIMOTHY WEBER

VP

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date