

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001217

**Entity Name:** MIRAVISTA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR. S. #401  
NAPLES, FL 34104**Current Mailing Address:**2675 HORSESHOE DR. S. #401  
NAPLES, FL 34104 US**FEI Number:** 65-0500327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR. S #401  
NAPLES, FL 34104 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:** BEVERLY KUETER

04/28/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DVP
Name	HOWARD, TOM
Address	481 QUAIL FOREST BLVD UNIT# B106
City-State-Zip:	NAPLES FL 34105
Title	D, S
Name	PERREL, PAMELA
Address	491 QUAIL FOREST BLVD. #C-100
City-State-Zip:	NAPLES FL 34105
Title	ASST. TREASURER
Name	SILISKIE, BARBARA
Address	481 QUAIL FOREST BLVD. #B-305
City-State-Zip:	NAPLES FL 34105

Title	VP
Name	SMIRNOV, MIKE
Address	481 QUAIL FOREST BLVD UNIT# B407
City-State-Zip:	NAPLES FL 34105
Title	TREASURER
Name	PLUMMER, GARY
Address	481 QUAIL FOREST BLVD. #B-208
City-State-Zip:	NAPLES FL 34105

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:** MIKE SMIRNOV

PRESIDENT

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date