

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90019 045 ****61.25

DOCUMENT # 725017

1. Entity Name

MILES GRANT CONDOMINIUM ONE, INC.



Principal Place of Business

5425 SE MILES GRANT RD
STUART FL 34997-1826
US

Mailing Address

5101 S.E. MILES GRANT RD.
STUART FL 34997-1826

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1455510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, SUSAN
5463 SE MILES GRANT RD
B-110
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, ELIZABETH	
STREET ADDRESS	5463 SE MILES GRANT RD. B207	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINO, ROBERT	
STREET ADDRESS	5413 SEMILES GRANT RD G110	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD TD	<input type="checkbox"/> Delete
NAME	DOUGLASS, SUSAN	
STREET ADDRESS	5463 SE MILES GRANT RD B-110	
CITY-ST-ZIP	STUART FL	
TITLE	ID PD	<input type="checkbox"/> Delete
NAME	MAUND, KEITH	
STREET ADDRESS	5463 S.E. MILES GRANT RD B111	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD VPD & S	<input type="checkbox"/> Delete
NAME	GALLIVAN, LAUREL	
STREET ADDRESS	5403 SE MILES GRANT RD. H207	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHANZ, EMILY	
STREET ADDRESS	5413 SE MILES GRANT RD G 111	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	B0 FOISY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5463 S.E. Miles GRANT Rd	
STREET ADDRESS	B-2024, FL 34997	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	PATRICIA BROOKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5463 S.E. Miles GRANT Rd	
STREET ADDRESS	B-205	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	Jean Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5413 S.E. Miles GRANT Rd	
STREET ADDRESS	C-104	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles McWaters	
STREET ADDRESS	5463 SE Miles Grant Rd B101	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Richards	
STREET ADDRESS	5463 SE Miles Grant Rd. B-110	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Maund* Keith Maund 2/6/06 (772) 878-2380