

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 022 ****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 - No P.O. Box #

3. Mailing Address

5425 S.E. Miles Grant Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, Florida

Zip

Country

Zip

Country

34997

USA

4. FEI Number

59-1455510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007**

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: **D** ☐ Delete
NAME: **FOISY, BO**
STREET ADDRESS: **5463 SE MILES GRANT RD B-202**
CITY-ST-ZIP: **STUART FL 34997**

TITLE: **D** ☐ Delete
NAME: **BROOKS, PATRICIA**
STREET ADDRESS: **5463 SE MILES GRANT RD B-205**
CITY-ST-ZIP: **STUART FL 34997**

TITLE: **PD** ☐ Delete
NAME: **DOUGLASS, SUSAN**
STREET ADDRESS: **5463 SE MILES GRANT RD B-110**
CITY-ST-ZIP: **STUART FL**

TITLE: **PD** ☒ Delete
NAME: **MAUND, KEITH**
STREET ADDRESS: **5463 S.E. MILES GRANT RD B111**
CITY-ST-ZIP: **STUART FL 34997**

TITLE: **VPDS** ☒ Delete
NAME: **GALLIVAN, LAUREL**
STREET ADDRESS: **5403 SE MILES GRANT RD. H207**
CITY-ST-ZIP: **STUART FL 34997**

TITLE: **D** ☒ 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: **SD** ☐ Change ☒ Addition
NAME: **Kadlec, Constance**
STREET ADDRESS: **5463 SE miles Grant Rd. B-204**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **TD** ☐ Change ☒ Addition
NAME: **Gallivan, James**
STREET ADDRESS: **5403 S.E. Miles Grant Rd H-207**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **D** ☐ Change ☒ Addition
NAME: **McWaters, Art**
STREET ADDRESS: **5463 S.E. Miles Grant Rd. B-101**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Valentino, Ann**
STREET ADDRESS: **5413 S.E. Miles Grant Rd G-110**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Lee, Jean**
STREET ADDRESS: **5413 S.E. Miles Grant Rd. G-104**
CITY-ST-ZIP: **Stuart, FL 34997**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Richards, Carol**
STREET ADDRESS: **5433 S.E. Miles Grant Rd E205**
CITY-ST-ZIP: **Stuart, FL 34997**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07
Date

(772)
Daytime Phone #