# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 18, 2008 8:00 am**
**Secretary of State**
02-18-2008 90009 002 ****61.25

DOCUMENT # 725017

1. Entity Name
MILES GRANT CONDOMINIUM ONE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5425 SE MILES GRANT RD<br>STUART FL 34997-1826<br>US | 5425 SE MILES GRANT RD<br>STUART FL 34997-1826<br>US |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| DOUGLAS, SUSAN<br>5463 SE MILES GRANT RD<br>B-110<br>STUART FL 34997 | Name: GALLIVAN, JAMES<br>Street Address (P.O. Box Number is Not Acceptable): 5403 SE MILES GRANT RD H-207<br>City: STUART FL Zip Code: 34997 |

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] January 28, 2008
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, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FOISY, BO<br>5463 SE MILLES GRANT RD B-202<br>STUART FL 34997 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>LEE, JEAN<br>5413 SE MILES GRANT RD G-104<br>STUART, FL 34997 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROOKS, PATRICIA<br>5463 SE MLES GRANT RD B-205<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>LANZ, KATHLEEN<br>5403 SE MILES GRANT RD H-106<br>STUART, FL 34997 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DOUGLASS, SUSAN<br>5463 SE MILES GRANT RD B-110<br>STUART FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>GIESLER, GENE<br>5403 SE MILES GRANT RD H-112<br>STUART, FL 34997 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KADLEC, CONSTANCE<br>5463 SE MILES GRANT RD. B-204<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | O<br>RICHARDS, CAROL<br>5433 SE MILES GRANT RD E-205<br>STUART, FL 34997 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GALLIUAN, JAMES<br>5403 S.E. MILES GRANT RD H-207<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCWATERS, ART<br>5463 S.E. MILES GRANT RD B-101<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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] JAMES J GALLIVAN 1/28/08 (772)781-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #