## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2007 8:00 am Secretary of State

03-26-2007 90048 012 \*\*\*\*61 2

1. Entity Name MILES GRANT CONDOMINIUM TWO, INC.						03-20-2007	90048 012	01.23
Principal Place of Business C/O SEACREST SERVICES, INC. 2400 CENTRE PARK WEST DRIVE, #175 WEST PALM BEACH, FL 33409 US		Mailing Address C/O SEACREST SERVICES, INC. 2400 CENTRE PARK WEST DRIVE, #175 WEST PALM BEACH, FL 33409 US		 		I DITUK MININ	1)6 <b>913</b> 141 <b>9</b> 1 <b>0</b> 6 9 <b>00</b> 4	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182007	Chg-NP	CR2E037 (12/0	06)
City & State		City & State			4. FEI Number 59-16575	580		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Fee Red	Additional
	6. Name and Address of Current R	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
WEIGIL, RICHARD  5313 S.E. MILES GRANT ROAD, APT 103  STUART, FL 34997  Name Mary O. Vaux  Street Address (P.O. Box Number is Not Acceptable)  5323 SE Miles Grant Rd I-106							I-106	
STOAKI,	rL 34991				· · · · · · · · · · · · · · · · · · ·	11.33	<u> </u>	<del></del>
			City	Str	eart		FL Zip	Code 97
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 Support of Photoco name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
200 P.B. 1985 (1975) 1. 1985 (1975)								
· · · ·	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		lake check payab ida Department d	le to
10	OFFICERS AND DIR		11.	_		<del></del>	RS AND DIRECTOR	
TITLÉ NAME	STAIMAN, JARAH	☐ Delete	TITLE NAME	Hat	ricia 6a	llivan 2	/ ── □ Cha	nge 🖾 Addition
STREET ADDRESS					3 SE Mile	s locant icu	1-206	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	ST	unt FL	37417		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUX, MARY 5333 S.E. MILES GRANT ROAD, STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mi Stu	chael 32355 A	tilkins liles Granti 34.997	□ Cha Rd J- <b>10</b> 0	nge 🖪 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGINN, WALLACE 5343 SE MILES GRANT RD G 20 STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	تکی	inn Fin 363 SE Mil uart Fa	les Brand Ri		nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIGEL, RICHARD 5313 S.E. MILES GRANT ROAD, STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	<u> </u>		<b>(</b> □ Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSBY, NANCY 5313 S.E. MILES GRANT ROAD, STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEROULD, JOANN 5383 S.E. MILES GRANT ROAD, STUART, FL 34997	·-·	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Cha	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mary D. Vaux Mux D. Vaux President 3-1507 \ 273-1502  SIGNATURE: Date Despare Phone #								