

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747269

FILED
Apr 20, 2009
Secretary of State

Entity Name: MARIPOSA MANOR ASSOCIATION, INC.

Current Principal Place of Business:

C/O UNLIMITED PROPERTY MANAGEMENT, LLC.
7655 NW 50TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

C/O UNLIMITED PROPERTY MANAGEMENT, LLC.
P.O. BOX 440067
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-1963735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK PEREZ- SIAM, P.A.
7001 SW 87TH CT.
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

UNLIMITED PROPERTY MANAGEMENT
7655 NW 50 STREET
MIAMI, FL 33166 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: DESPINA KOLONIAS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP/D () Delete
Name: SCHUMANN, GARY
Address: 1235 MARIPOSA AVE., #8
City-St-Zip: CORAL GABLES, FL 33134

Title: P/D () Delete
Name: KOLONIAS, DESPINA
Address: 3915 SW 5TH TERRACE
City-St-Zip: MIAMI, FL 33134

Title: S/D (X) Delete
Name: DE TOURNAY, LISA
Address: 6309 CABALLERO BLVD.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: SCHUMANN, GARY
Address: 7655 NW 50 STREET
City-St-Zip: MIAMI, FL 33166

Title: P/D (X) Change () Addition
Name: KOLONIAS, DESPINA
Address: 7655 NW 50 STREET
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DESPINA KOLONIAS

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date