2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2008 8:00 am Secretary of State **DOCUMENT #767527** 05-01-2008 90248 024 ****61.25 THE MIRADOR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2007 EAST GADSDEN STREET 2007 EAST GADSDEN STREET #103 #103 PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 1719 N.94 Avenue 04282008 Chg-NP CR2E037 (12/06) 4. FEI Number 36-2151140 Pensacola Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YATES, ROBERT 3730 SCENIC RIDGE DR PENSACOLA, FL 32514 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete POISE famela 2007 E. Gadsden St. #304 Pensacola, FC 32501 TITLE TITLE Change Change YATES, ROBERT NAME NAME STREET ADDRESS 3730 SCENIC RIDGE DR - 3 STREET ADDRESS PENSACOLA, FL 32514 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE unite Helen 2007 E. badsdenst.#104 Pensacola, FL 32501 NAME HARDING, SCOTT NAME 3730 SCENIC RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32514 CITY-ST-ZIP ☐ Delete TITLE TITLE 50 Change ☐ Addition Bell, Katherine 2007 E. Gadsden 5 + #106 Pensacola, FC 32501 CREESON, SPENCER NAME NAME STREET ADDRESS STREET ADDRESS '2955'NEWTON DRIVE PENSACOLA, FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition TITLE NORRIS, MONICA NAME NAME STREET ADDRESS 2007 E GADSDEN ST #103 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP ☐ Delete ☐ Change TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ap-attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #