

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767527

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE MIRADOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1719 N. 9TH AVE
PENSACOLA, FL 32503 US

New Principal Place of Business:

4400 BAYOU BLVD
#58
PENSACOLA, FL 32503 US

Current Mailing Address:

1719 N. 9TH AVE
PENSACOLA, FL 32503 US

New Mailing Address:

4400 BAYOU BLVD
#58
PENSACOLA, FL 32503 US

FEI Number: 36-2151140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REALTY MASTERS OF FL
1719 N. 9TH AVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

REALTY MASTERS OF FL
4400 BAYOU BLVD
#58
PENSACOLA, FL 32503 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: PAMELA A. KEEN

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLSE, PAMELA
Address: 2007 E. GADSDEN ST. #304
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: WHITE, HELEN
Address: 2007 E. GADSDEN ST. #104
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: BELL, KATHERINE
Address: 2007 E. GADSDEN ST. #106
City-St-Zip: PENSACOLA, FL 32501 51

Title: VP () Delete
Name: NORRIS, MONICA
Address: 2007 E GADSDEN ST #103
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MCPHEE, JEAN
Address: 415 GIBBS RD
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: NORRIS, MONICA
Address: 2007 E GADSDEN ST #103
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Change (X) Addition
Name: YATES, ROBERT
Address: 3730 SCENIC RIDGE DR
City-St-Zip: PENSACOLA, FL 32514

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: PAMELA FOLSE

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date