


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 006 ****61.25

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| DOCUMENT # N00000007940 |  |
| 1. Entity Name PARADISIO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC. | |

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| Principal Place of Business C/O MARTIN MAGAZINER 139 VIA PARADISIO PALM BEACH GARDENS, FL 33418 | Mailing Address C/O MARTIN MAGAZINER 139 VIA PARADISIO PALM BEACH GARDENS, FL 33418 |
|---|---|

50061645



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| 2. Principal Place of Business Dickinson Management, Inc. 400 Toney Penna Dr. | 3. Mailing Address 400 Toney Penna Drive |
| Suite, Apt. #, etc.: 400 Toney Penna Drive | Suite, Apt. #, etc.: 400 Toney Penna Drive |

07252005 Chg-NP CR2E037 (10/03)

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| City & State Jupiter, FL | City & State Jupiter, FL |
| Zip 33458 | Country USA |

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| 4. FEI Number 65-1058338 | Applied For <input type="checkbox"/> Not Applicable |
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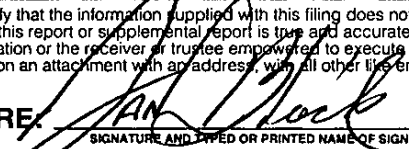
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LEVINE, JAY STEVEN ESQ. 3300 PGA BLVD., SUITE 970 PALM BEACH GARDENS, FL 33410 | |
| 7. Name and Address of New Registered Agent Name Manfred Danner Street Address (P.O. Box Number is Not Acceptable) Dickinson Management, Inc. 400 Toney Penna Drive City Jupiter FL Zip Code 33458 | |

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| 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. Manfred Danner Regional Property Manager 7/26/05 | |
| SIGNATURE  | DATE |

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| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAGAZINEA, MARTIN 139 VIA PARADISIO PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Mr. Jan Blick 132 Via Paradisio Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD UNBARO, RONALD 101 VIA PARADISIO PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ungaro, Ronald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BUCK, JAN 132 VIA PARADISIO PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Larry Itkin 113 Via Paradisio Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TRANCHIDA, TONY 105 VIA PARADISIO PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DI John Egan 128 Via Paradisio Palm Beach Gardens, FL 333418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAMIS, CLIFF 129 VIA PARADISIO PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  President | Date 7/26/05 Daytime Phone # |