

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90186 005 ****70.00

DOCUMENT # N00000007942

1. Entity Name
VIA VERDE AT MIRASOL PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business
11400 NURSERY LANE
PALM BEACH GARDENS, FL 33418

Mailing Address
8430 ENTERPRISE CIRCLE, STE 100
BRADENTON, FL 34202-4108

50045046



2. Principal Place of Business
21045 COMMERCIAL TR.
Suite, Apt. #, etc.

3. Mailing Address
21045 COMMERCIAL TR.
Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State
BOCA RATON FL
Zip
33486 Country
PAUM BEUCH

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4. FEI Number
65-1058340 Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPENCER, MARC I
C877 EXECUTIVE CENTER DR. W.
SUITE 205
ST. PETERSBURG, FL 33702-2472

7. Name and Address of New Registered Agent
Name
WILLIAM K. ISAACSON
Street Address (P.O. Box Number is Not Acceptable)
C/O LANG MANAGEMENT CO.
21045 COMMERCIAL TRAIL
City
BOCA RATON FL Zip Code
33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PERNA, CRAIG A	
STREET ADDRESS	11400 NURSERY LANE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	DVAT	<input checked="" type="checkbox"/> Delete
NAME	CHOROST, AARON M	
STREET ADDRESS	11400 NURSERY LANE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	BRATT, C. ALEXANDER	
STREET ADDRESS	8430 ENTERPRISE CIRCLE SUITE 100	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CLEMENT, EDMUND R JR	
STREET ADDRESS	11400 NURSERY LANE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, MARC I	
STREET ADDRESS	877 EXECUTIVE CENTER DR. W., STE 205	
CITY-ST-ZIP	ST. PETERSBURG, FL 337022472	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jule Grandonico	
STREET ADDRESS	101 Via Verde Way	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merrill Eastman	
STREET ADDRESS	109 Via Verde Way	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Garcia	
STREET ADDRESS	106 Via Verde Way	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	Treasurer/Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Parry	
STREET ADDRESS	118 Via Verde Way	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jule Grandonico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.05
Date Daytime Phone #