2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90044 038 ****70.00

DOCUMENT # N0000007942

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



ASSOCIA	ATION, INC.										
21045 COMMERCIAL TR 21		2104	Mailing Address 21045 COMMERCIAL TR BOCA RATON, FL 33486			40065331					
Principal Place of Business - No P.O. Box # 3. Mailing Address											
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			00	03122008 Chg-NP CR2E037 (12/06)					
City & State		Cit	y & State		4.	4. FEI Number Applied For 65-1058340 Not Applicable					
Zip	Country	Zip)	Country	5.	Certificate of	of Status Desired	J 🗖	\$8.75 Add Fee Require		
	6. Name and Address of Current		7. Name and Address of New Registered Agent								
ISSAACSON, WILLIAM K				Name	Name						
C/O L'ANG MANAGEMENT CO 21045 COMMERCIAL TR			Street Address			(P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33486											
				City				FL	Zip Cod	е	
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 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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ı <u>.</u> .	Filing Fee is \$61.25 Due by May 1, 2008		 Election Camp Trust Fund Co 			.00 May Be ed to Fees		Make chec lorida Depai	k payable to rtment of Si	- 1	
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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 supplymental 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 adarties, with all other like-empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 561-627-1988