

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90209 025 ****70.00

DOCUMENT # N00000007943

1. Entity Name

**ESPERANZA AT MIRASOL PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**11400 NURSERY LANE
PALM BEACH GARDENS FL 33418**

Mailing Address

**21045 COMMERCIAL TR
BOCA RATON FL 33486**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058346

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K
21045 COMMERCIAL TR
BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

NAME MARGOLIES, STEVE STREET ADDRESS 123 ESPERANZA WAY CITY-STATE-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
NAME PAIKOFF, MEL STREET ADDRESS 121 ESPERANZA WAY CITY-STATE-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
NAME CAINE, FRED STREET ADDRESS 120 ESPERANZA CITY-STATE-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
NAME HELSEBY, IAN STREET ADDRESS 170 ESPERANZA WAY CITY-STATE-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
NAME COFF, JERRALD STREET ADDRESS 157 ESPERANZA WAY CITY-STATE-ZIP PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP <i>Whitken, Mel 113 Esperanza way PBG FL 33418.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an attachment with an address, with all other like empowered.

SIGNATURE:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

561-775-1424
Daytime Phone #