


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90010 011 \*\*\*\*70.00

**DOCUMENT # N00000007944**

1. Entity Name  
**ANDALUSIA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8430 ENTERPRISE CIRCLE, STE 100  
 BRADENTON, FL 34202-4108**

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

2. Principal Place of Business - No P.O. Box #.  
**21045 Commercial Trail**

3. Mailing Address  
**21045 Commercial Trail**

Suite, Apt. #, etc.



03122008 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Country  
**USA**

Country  
**USA**

4. FEI Number  
**65-1058260**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ISAACSON, WILLIAM K  
 C/O LANG MANAGEMENT  
 21045 COMMERCIAL TRAIL  
 BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME LOVINGER, ROBERT STREET ADDRESS 134 ANDALUSIA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE 2nd VP/Secretary
TITLE VP	NAME MULHOLLAND, DAVID STREET ADDRESS 234 ANDALUSIA DRIVE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	NAME Bennette Susan STREET ADDRESS 111 Andalusia Way CITY-ST-ZIP Palm Beach Gardens, FL 33418
TITLE S	NAME TARANELLA, JOHN STREET ADDRESS 110 ANDALUSIA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE T
TITLE D	NAME ROSEN, ERIC STREET ADDRESS 216 ANDALUSIA WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	NAME Arnold Winkoff STREET ADDRESS 209 Andalusia Way CITY-ST-ZIP PBG- FL 33418
TITLE	NAME	<input type="checkbox"/> Delete	NAME Richard Seidman STREET ADDRESS 127 Andalusia Drive CITY-ST-ZIP PBG FL 33418
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
TITLE	NAME	<input type="checkbox"/> Delete	NAME Rosen, Eric STREET ADDRESS 216 Andalusia Drive CITY-ST-ZIP Palm Beach Gardens, FL 33418
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
TITLE	NAME	<input type="checkbox"/> Delete	NAME

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 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: *David Mulholland* 1/2/08 561 626 8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #