

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000006132

1. Entity Name
PLAYA RIENTA AT MIRASOL PROPERTY OWNERS
ASSOCIATION, INC.



FILED
Oct 21, 2008 8:00 A.M.
Secretary of State

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

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

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

21045 Commercial Trail
Suite, Apt. #, etc.

3. Mailing Address

21045 Commercial Trail
Suite, Apt. #, etc.



05212008 Chg-NP CR2E037 (12/06)

City & State
Boca Raton, FL

Zip
33486

Country
USA

City & State
Boca Raton, FL

Zip
33486

Country
USA

4. FEI Number
65-1132944

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name William ISAACSON
Street Address (P.O. Box Number is Not Acceptable)
21045 Commercial Trail
Boca Long Management
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

Amended AR is \$61.25

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	DV	<input checked="" type="checkbox"/> Delete
NAME	MICKLE, JEFFERY A	
STREET ADDRESS	8430 ENTERPRISE CIRCLE, SUITE 100	
CITY-ST-ZIP	BRADENTON, FL 342024108	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MERRILL, S. TODD	
STREET ADDRESS	8430 ENTERPRISE CIRCLE, SUITE 100	
CITY-ST-ZIP	BRADENTON, FL 342024108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOREY, MICHAEL A	
STREET ADDRESS	8430 ENTERPRISE CIRCLE, SUITE 100	
CITY-ST-ZIP	BRADENTON, FL 342024108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, DEBORAH C	
STREET ADDRESS	8430 ENTERPRISE CIRCLE, SUITE 100	
CITY-ST-ZIP	BRADENTON, FL 342024108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne R. Verde	
STREET ADDRESS	130 Playa Rienta Way	
CITY-ST-ZIP	PBG FL 33418	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Colanero	
STREET ADDRESS	135 Playa Rienta Way	
CITY-ST-ZIP	PBG FL 33418	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Pittler	
STREET ADDRESS	107 Playa Rienta Way	
CITY-ST-ZIP	PBG FL 33418	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Quittman	
STREET ADDRESS	127 Playa Rienta Way	
CITY-ST-ZIP	PBG FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WAYNE R. VERDE

6/21/08

561-625-5533