2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

| DOGUMENT # N0100006194 1. Entity Name MIRABELLA AT MIRASOL HOMEOWNERS' ASSOCIATION, INC. | | | 04-09-20 | 08 90019 048 ***** | 70.00 | |
|--|--|---|--|---|-------------------------------------|--|
| Principal Place of Business 104 MIRABELLA DR. PALM BEACH GARDENS, FL 33418 | Mailing Address 6217 PGA BLVD. SUITE 201 PALM BEACH GARDEN: | S, FL 33418 | | 11 11 11 11 1 | | |
| Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 3.045 Comm Suite, Apt. #, etc. | ocial Trail | 0040000 | | | |
| City & Charles | 03. 0.0 | | Ong-Ni | CR2E037 (12/06) | | |
| City & State | Box A Coron | FC_ | 4. FEI Number 55-0818319 | | plied For t Applicable | |
| Zip Country | 33428 | Country A | 5. Certificaté of Stâtus Desired | 7 Fee Required | | |
| 6: Name and Address of Current Registered Agent Name | | | 7. Name and Address of New | Registered Agent | | |
| ISAACSON, WILLIAM 21045 COOMERCIAL TRAIL BOCA RATON, FL 33486 | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 300711711014,12 30400 | | | | | | |
| | | City | | FL Zip Code | , | |
| The above named entity submits this statement the obligations of registered agent. | or the purpose of changing its | registered office or regis | tered agent, or both, in the State of | Florida. I am familíar with, | and accept | |
| SIGNATURE Signature, typed or printed name of registered agen | ni and title if applicable. (NOT | E; Registered Agent signature requi | ired when reinstating) | DATE | | |
| | | | | | | |
| - | | mpaign Financing Contribution. | \$5.00 May Be Added to Fees | Make check payable to orida Department of St |).nu.;[+ | |
| Due by May 1, 2008 10. OFFICERS AND D | Trust Fund (| | | Make check payable to orida Department of St | ate · · · | |
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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 AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR