

FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

MENT # N01000006875



MINGO FAIRWAYS TWO CONDOMINIUM
ASSOCIATION, INC.

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 019 ****61.25

Principal Place of Business Mailing Address
8155 CELESTE DRIVE P.O. BOX 2397
NAPLES FL 34113 MARCO ISLAND FL 34146
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E037 (10/07)

4. FEI Number 58-2534449
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDRADE, TONY
601 ELKCAM CIRCLE #B-7
MARCO ISLAND FL 34145

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 *Tony Andrade* TONY ANDRADE 3-3-08
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature is not used when registering.) DATE

FILE NOW 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	PD	☒ Delete		TITLE	D	☐ Change	☒ Addition
NAME	LEPP, JIM			NAME	ANN MOTT		
STREET ADDRESS	8145 CELESTE DRIVE #3124			STREET ADDRESS	19 MUIRFIELD COURT		
CITY-STATE-ZIP	NAPLES FL 34113			CITY-STATE-ZIP	PITTSFORD, NY 14534		
TITLE	T	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BRESETTE, ROBERTA			NAME			
STREET ADDRESS	3888 GREENWOOD AVE			STREET ADDRESS			
CITY-STATE-ZIP	ROCHESTER HILLS MI 48309			CITY-STATE-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	ROLLINS, STEVE			NAME			
STREET ADDRESS	101 LINCOLN WOODS ROAD			STREET ADDRESS			
CITY-STATE-ZIP	WALTHAM MA 02451			CITY-STATE-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	SMYLIE, THOMAS			NAME			
STREET ADDRESS	3005 WINCHESTER AVENUE			STREET ADDRESS			
CITY-STATE-ZIP	PHILADELPHIA PA 19136			CITY-STATE-ZIP			
TITLE	SP	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MANN, GEORGE			NAME			
STREET ADDRESS	8165 CELESTE DRIVE #2126			STREET ADDRESS			
CITY-STATE-ZIP	NAPLES FL 34113			CITY-STATE-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

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: *George Mann* 3-3-2008 239-642-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR