2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001540

1. Entity Name
MARIPOSA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1000 CLINT MOORE RD. SUITE 110 BOCA RATON, FL 33487	1000 CLINT MOORE RD. SUITE 110 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
02-0558422
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS-GRAY, JUDY
1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000436011
02/27/06-80019-009 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALSH, NANCY
STREET ADDRESS	1000 CLINT MOORE RD.,STE. 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VPD
NAME	BORG, DEAN
STREET ADDRESS	1000 CLINT MOORE RD.,STE. 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TSD
NAME	MATTHEWS-GRAY, JUDY
STREET ADDRESS	1000 CLINT MOORE RD.,STE. 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Judy Matthews Gray 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #