2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N02000004087

Entity Name: MIRABELLA AT VIZCAYA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 56-2305279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MANESS, NANCY
Address: 8331 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: TD ( ) Delete
Name: LAMBERTA, GARY
Address: 8124 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: VPD ( ) Delete
Name: YELENOSKY, STEPHANIE
Address: 8257 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete
Name: REINA, RICHARD
Address: 8336 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: SD ( ) Delete
Name: JACKSON, LISA
Address: 8330 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: YELENOSKY, STEPHANIE
Address: 8257 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: VPD (X) Change ( ) Addition
Name: MCDONALD, LINDA
Address: 8125 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY MANESS PD 04/11/2008

Electronic Signature of Signing Officer or Director — Date