2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N02000004876

Entity Name: MIRABAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

Current Mailing Address:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

FEI Number: 54-2096033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC.
5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 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: GELSTON, BEN
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: VPD ( ) Delete
Name: POWELL, JIM
Address: 204 BREAKERS LANE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: S ( ) Delete
Name: DREMANN, DEBRA
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: T ( ) Delete
Name: DWYER, CHERYL
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: D ( ) Delete
Name: HILL, ROBERT
Address: 603 ISLEBAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GELSTON, BEN
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: VP (X) Change ( ) Addition
Name: POWELL, JIM
Address: 204 BREAKERS LANE
City-St-Zip: APOLLO BEACH, FL 33572 US

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

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

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: BEN GELSTON P 04/21/2009

Electronic Signature of Signing Officer or Director — Date