


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90101 017 \*\*\*\*70.00

<b>DOCUMENT # N03000003234</b> 1. Entity Name <b>TRANQUILLA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108</b>			Mailing Address <b>8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-1466857</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W. SUITE 205 ST. PETERSBURG, FL 33702-2472</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERNA, CRAIG A		NAME	<b>BARTL, GARY</b>	
STREET ADDRESS	11642 MIRASOL WAY		STREET ADDRESS	<b>135 TRANQUILLA DRIVE</b>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334186201		CITY-ST-ZIP	<b>PALM BEACH Gdns, FL 33418</b>	
TITLE	DVAT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHOROST, AARON M		NAME	<b>CASSA, Tom</b>	
STREET ADDRESS	11642 MIRASOL WAY		STREET ADDRESS	<b>111 TRANQUILLA DRIVE</b>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334186201		CITY-ST-ZIP	<b>PALM BEACH Gdns, FL 33418</b>	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKAN, STEVEN A		NAME	<b>D, ZND S</b>	
STREET ADDRESS	8430 ENTERPRISE CIRCLE SUITE 100		STREET ADDRESS	<b>MANJU, GEORGE</b>	
CITY-ST-ZIP	BRADENTON, FL 342024108		CITY-ST-ZIP	<b>110 TRANQUILLA DRIVE</b>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLEMENT, EDMUND R		NAME	<b>FRIEDLANDER, MICHAEL</b>	
STREET ADDRESS	11642 MIRASOL		STREET ADDRESS	<b>116 TRANQUILLA DRIVE</b>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334186201		CITY-ST-ZIP	<b>PALM BEACH Gdns, FL 33418</b>	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCER, MARC I		NAME	<b>S</b>	
STREET ADDRESS	877 EXECUTIVE CENTER DR. W., STE 205		STREET ADDRESS	<b>MAXFIELD, GUY</b>	
CITY-ST-ZIP	ST. PETERSBURG, FL 337022472		CITY-ST-ZIP	<b>136 TRANQUILLA DRIVE</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					