

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2005  
Secretary of State**

DOCUMENT# N04000001101

Entity Name: MILAGRO PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

640 NORTH NINTH STREET  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

640 NORTH NINTH STREET  
IMMOKALEE, FL 34142

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOK, DOROTHY J  
640 NORTH NINTH STREET  
IMMOKALEE, FL 34142    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: CACCHIONE, BARBARA A  
Address: 640 NORTH NINTH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: VD                      ( ) Delete  
Name: MILLER, ERIC C  
Address: 640 NORTH NINTH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: SD                      ( ) Delete  
Name: ARNOLD, BOWEN A  
Address: 640 NORTH NINTH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: TD                      ( ) Delete  
Name: COOK, DOROTHY J  
Address: 640 NORTH NINTH STREET  
City-St-Zip: IMMOKALEE, FL 34142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 for the exemption stated in Section 119.07(3)(i), 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: BOWEN A. ARNOLD

SD

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date