

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001211

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** MIRAMAR PLACE CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

31 BAY DR. S.E.  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

205 BROOKS STREET, SUITE 201  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

31 BAY DR. S.E.  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

205 BROOKS STREET, SUITE 201  
FORT WALTON BEACH, FL 32548

**FEI Number:** 20-0809766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MYERS, SUSAN  
31 BAY DRIVE, SE  
FT. WALTON BEACH, FL 32548 US

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

KENT, MICHAEL  
205 BROOKS STREET, SUITE 201  
FORT WALTON BEACH, FL 32548 US

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: MICHAEL KENT

02/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MYERS, SUSAN S  
Address: 31 BAY DRIVE SE  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: MITCHELL, EARL S  
Address: 165-C BROOKS STREET SE  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: RISALVATO, THOMAS  
Address: 348 MIRACLE STRIP PKWY SW STE 34  
City-St-Zip: FT. WALTON BEACH, FL 32548

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

Title: P (X) Change ( ) Addition  
Name: EDLUND, CAROL  
Address: PO BOX 638  
City-St-Zip: FORT WALTON BEACH, FL 32549 63

Title: V (X) Change ( ) Addition  
Name: SHEPPARD, MICHAEL  
Address: PO BOX 1269  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: ST (X) Change ( ) Addition  
Name: MEYERS, SUSAN  
Address: 31 BAY DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: SUSAN MEYERS

ST

02/11/2009

Electronic Signature of Signing Officer or Director

Date