

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002657

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: MIRADA ASSOCIATION, INC.

## Current Principal Place of Business:

9130 GALLERIA COURT SUITE 200  
NAPLES, FL 34109

## New Principal Place of Business:

9130 GALLERIA COURT  
SUITE 200  
NAPLES, FL 34109

## Current Mailing Address:

9130 GALLERIA COURT SUITE 200  
NAPLES, FL 34109

## New Mailing Address:

9130 GALLERIA COURT  
SUITE 200  
NAPLES, FL 34109

FEI Number: 20-0904825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, STEPHEN G  
9130 GALLERIA COURT  
200  
NAPLES, FL 34109 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: FILIAULT, ALAIN  
Address: 9130 GALLERIA COURT SUITE 200  
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete  
Name: NOLAN, ED  
Address: 9130 GALLERIA COURT SUITE 200  
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete  
Name: WEAVER, MARIA  
Address: 9130 GALLERIA COURT SUITE 200  
City-St-Zip: NAPLES, FL 34109

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAIN FILIAULT

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date