2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N04000002657

Entity Name: MIRADA ASSOCIATION, INC.

Current Principal Place of Business:

9130 GALLERIA COURT
SUITE 200
NAPLES, FL 34109

New Principal Place of Business:

5435 JAEGER ROAD
#4
NAPLES, FL 34109

Current Mailing Address:

9130 GALLERIA COURT
SUITE 200
NAPLES, FL 34109

New Mailing Address:

5435 JAEGER ROAD
#4
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:

C&L MGMT SERVICES
2220 J AND C BLVD SUITE 1
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

NEWELL, WILLIAM A AGENT
5435 JAEGER ROAD
#4
NAPLES, FL 34109 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: WILLIAM A NEWELL, AGENT 03/31/2008
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: STURTEVANT, TAMMY
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 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 03/31/2008
Electronic Signature of Signing Officer or Director Date