


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State


03-26-2007 90067 037 ****61.25

DOCUMENT # N04000008458 1. Entity Name MIRABELLA TOWNHOME ASSOCIATION, INC.					
Principal Place of Business 398 N.E. 6TH AVE DELRAY BEACH, FL 33483			Mailing Address 398 N.E. 6TH AVE DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR 562586291	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEW URBAN COMMUNITIES, LLC 398 N.E. 6TH AVE DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HERNANDEZ, TIMOTHY L 398 N.E. 6TH AVE DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV RICKARD, KEVIN 398 N.E. 6TH AVE DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST ORTNER, GABRIELLE 398 N.E. 6TH AVE DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty row)				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty row)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
(Empty row for additions/changes)					
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 empowerments.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT


46608019
#110400008458

X

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

002157.248777.0008.001 2 MB 0.563 1020

|||||


MIRABELLA TOWNHOUSE ASSOCIATION INC
% TIMOTHY L HERNANDEZ
398 NE 6TH AVE
DELRAY BEACH FL 33483

Date of this notice: 06-02-2006

Employer Identification Number:
56-2586291

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

002157

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 56-2586291. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120H

05/30/2006

After our review of your information, we have determined that you are delinquent for the tax period(s) dating as far back as 2004. Please file your return(s) by 06-19-2006. Penalties and interest will continue to accumulate from the due date of the return(s) until it is filed. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities. If you need tax forms, you can call 1-800-829-3676 or you can download the forms from the IRS Web site at www.irs.gov.

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)