


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90019 028 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000008458 1. Entity Name MIRABELLA TOWNHOME ASSOCIATION, INC.	
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Principal Place of Business 398 N.E. 6TH AVE DELRAY BEACH, FL 33483	Mailing Address 398 N.E. 6TH AVE DELRAY BEACH, FL 33483
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40054947



DO NOT WRITE IN THIS SPACE

02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2586291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERNANDEZ, TIMOTHY L 398 N.E. 6TH AVE DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RICKARD, KEVIN 398 N.E. 6TH AVE DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ORTNER, GABRIELLE 398 N.E. 6TH AVE DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print