

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90843 012 ****61.25

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1. Entity Name
MIRAMAR AT LAKEWOOD RANCH MASTER
ASSOCIATION, INC.



Principal Place of Business
290 COCOANUT AVE.
SARASOTA, FL 34236

Mailing Address
290 COCOANUT AVE.
SARASOTA, FL 34236

40093315



2. Principal Place of Business - No P.O. Box #
8381 Miramar Way
Suite, Apt. #, etc.

3. Mailing Address
9031 Town Center Pkwy.
Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State
Bradenton, FL
Zip 34202 Country Manatee

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Bradenton, FL
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4. FEI Number
20-2753836
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSTARI, RONALD
290 COCOANUT AVE.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name Admired Management of Southwest Florida, Inc.
Street Address (P.O. Box Number is Not Acceptable)
9031 Town Center Pkwy.
City Bradenton FL Zip Code 34202

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	MUSTARI, RONALD	
STREET ADDRESS	290 COCOANUT AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DVP	☐ Delete
NAME	LUCAS, DANIEL R	
STREET ADDRESS	290 COCOANUT AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DST	☐ Delete
NAME	ANDREWS, J.S	
STREET ADDRESS	290 COCOANUT AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	AGEN	☐ Delete
NAME	WILSON, DOUGLAS E	
STREET ADDRESS	9031 TOWN CENTER PKWY	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #