

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90045 016 ****61.25

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05122006 Chg-NP CR2E037 (4/06)

DOCUMENT # N05000001653 1. Entity Name MIRANDA MANOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2101 W. PLATT STREET SUITE 200 TAMPA, FL 33606		Mailing Address 2101 W. PLATT STREET SUITE 200 TAMPA, FL 33606	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 502 N. ARMENIA AVE Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33609	Country USA	4. FEI Number <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LUM, JOHN H 2101 W. PLATT STREET SUITE 200 TAMPA, FL 33606	
7. Name and Address of New Registered Agent Name KEITH W. KOEHLER CPA Street Address (P.O. Box Number is Not Acceptable) KOEHLER & COMPANY PA 502 N. ARMENIA AVE City TAMPA FL 33609		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 reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LUM, JOHN H STREET ADDRESS 2101 W. PLATT STREET, SUITE 200 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE D NAME JOHN H. LUM STREET ADDRESS 2101 W. PLATT ST. # 200 CITY-ST-ZIP TAMPA FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME GULUZIAN, ARAM STREET ADDRESS 2101 W. PLATT STREET, SUITE 200 CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE P, S, D NAME JONATHAN MARK STILLIE STREET ADDRESS 502 N. ARMENIA AVE. CITY-ST-ZIP TAMPA FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME LUM, MARTIN STREET ADDRESS 2101 W. PLATT STREET, SUITE 200 CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE D, T NAME KEITH W. KOEHLER STREET ADDRESS 502 N. ARMENIA AVE. CITY-ST-ZIP TAMPA FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/12/06 813-876-1272 <small>Date Daytime Phone #</small>	