2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012248

Title:

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

Entity Name: MIRASOL I CONDOMINIUM ASSOCIATION AT MIROMAR LAKES, INC.

Current Principal Place of Business: New Principal Place of Business: C/O R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** C/O R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 35 FEI Number: 14-1951432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLENN, CARROLL 265 AIRPORT RD S NAPLES, FL 34104 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FRIEDMAN, ART PEDELA, ANTHONY R DR. Name: Name: 18011 MAGGORIE WAY Address: 10733 MIRASOL DRIVE #212 Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: MIROMAR LAKES, FL 34913 Title: DS () Delete Title: SD (X) Change () Addition SAMAHA, STEVE Name: FIELDS, PAULETTE Name: Address: 201 NORTH FRANKLIN STREET STE 2600 Address: 10723 MIRASOL DRIVE #209 City-St-Zip: TAMPA, FL 33602 City-St-Zip: MIROMAR LAKES, FL 34913 Title: () Delete Title: (X) Change () Addition PAIGE, LORRAINE BARARINI, CLAUDIO Name: Name: 18011 LAKE MAGGORIE WAY 10731 MIRASOL DRIVE #601 Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: MIROMAR LAKES, FL 34913

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY R. PEDELA PD 04/23/2009

() Delete

() Change (X) Addition

GARTHWAITE, JENNIFER

4731 BONITA BAY BLVD. #1003

BONITA SPRINGS, FL 34134