

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 010 ****61.25

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

DOCUMENT # N06000000254			
1. Entity Name MIRABELLA PROPERTY OWNERS ASSOCIATION, INC. ("MASTER ASSOCIATION")			
Principal Place of Business 398 NE 6TH AVE DELRAY BEACH, FL 33483	Mailing Address 398 NE 6TH AVE DELRAY BEACH, FL 33483	40058917 	
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 HERNANDEZ, TIM 398 NE 6TH AVE DELRAY BEACH, FL 33483		DO NOT WRITE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICKARD, KEVIN 398 NE 6TH AVE DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDEZ, TIM 398 NE 6TH AVE DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEVY, ROBERT A 398 NE 6TH AVE DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADKIN, S MARTIN 7860 PETERS RD STE F-111 PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: <i>X [Signature]</i>		2/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Done _____ Daytime Phone # _____	