
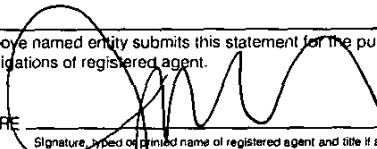
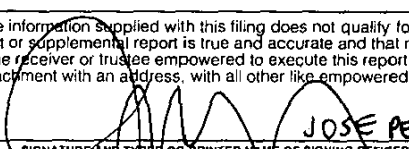


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90034 028 \*\*\*\*70.00

DOCUMENT # N06000002736			
1. Entity Name THE MIRAGE AT SAILBOAT COVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business <del>8260 NW 27 ST., STE. 408</del> <del>DORAL, FL 33122</del>		Mailing Address 8260 NW 27 ST., STE. 408 DORAL, FL 33122	
2. Principal Place of Business - No P.O. Box # 1700 NW 143 Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Opa-locka FL		City & State	
4. FEI Number 14-2002996		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05092008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <del>PEREZ-DE-CORCHO, JOSE C</del> <del>8260 NW 27TH STREET</del> <del>SUITE 408</del> <del>MIAMI, FL 33122</del>		7. Name and Address of New Registered Agent Name PEREZ-DE-CORCHO, JOSE C Street Address (P.O. Box Number is Not Acceptable) 3557 ESTEPONA AVENUE City DORAL FL Zip Code 33178	
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 		JOSE PEREZ DE CORCHO, DV 9 MAY 2008	
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DP ALI, MARCELO 8260 NW 27 ST., STE. 408 DORAL, FL 33122 <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	DV PEREZ-DE-CORCHO, JOSE C 8260 NW 27 ST., STE. 408 DORAL, FL 33122 <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	DS ALI, SERGIO M 8260 NW 27TH STREET STE 408 MIAMI, FL 33122 <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
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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: 		JOSE PEREZ DE CORCHO 9 MAY 2008 305 599-1295	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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