

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000006946

1. Entity Name
MIRAMAR LAGOONS AT LAKEWOOD RANCH II
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
290 COCOANUT AVE
SARASOTA, FL 34236

Mailing Address
290 COCOANUT AVE
SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

9031 Town Center Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

Country

34202 USA

Country

0605200

REINSTATEMENT

07-08

4. FFI Number

20-2825448

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

Douglas Wilson

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

6/5/08

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUSTARI, RONALD
STREET ADDRESS 290 COCOANUT AVE
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE VPD
NAME LUCAS, DANIEL R
STREET ADDRESS 290 COCOANUT AVE
CITY-ST-ZIP SARASOTA, FL 34236 ☒ Delete

TITLE STD
NAME ANDREWS, J S
STREET ADDRESS 290 COCOANUT AVE
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
06/23/08--01052--001 **122.50
500131592695

TITLE VPD
NAME Gina Golich
STREET ADDRESS 290 Cocanut Ave.
CITY-ST-ZIP Sarasota, FL 34236 ☐ Change ☒ Addition

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

TITLE J/Asst Sec
NAME Douglas Wilson
STREET ADDRESS 9031 Town Center Pkwy
CITY-ST-ZIP Bradenton, FL 34202 ☐ Change ☒ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Sec.

Date

Daytime Phone #

6/5/08