2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000006946

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

Current Principal Place of Business:

290 COCOANUT AVE
SARASOTA, FL 34236

New Principal Place of Business:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202

Current Mailing Address:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 20-2825448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DOUGLAS
9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

WILSON, DOUGLAS E
9031 TOWN CENTER PKWY
BRADENTON, FL 34202 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: DOUGLAS E WILSON 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUSTARI, RONALD
Address: 290 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34236

Title: VD ( ) Delete
Name: GOLICH, GINA
Address: 290 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34236

Title: STD ( ) Delete
Name: ANDREWS, J S
Address: 290 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34236

Title: DAS ( ) Delete
Name: WILSON, DOUGLAS
Address: 9031 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRASINGTON, CHARLIE
Address: 649 RIVERSIDE ROAD
City-St-Zip: N PALM BEACH, FL 33408

Title: VPD (X) Change ( ) Addition
Name: BRASINGTON, STACEY
Address: 649 RIVERSIDE ROAD
City-St-Zip: N PALM BEACH, FL 33408

Title: STD (X) Change ( ) Addition
Name: HOWE, DEAN
Address: 649 RIVERSIDE ROAD
City-St-Zip: N PALM BEACH, FL 33408

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DOUGLAS E WILSON DAS 04/21/2009
Electronic Signature of Signing Officer or Director Date