


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007342	
1. Entity Name MIRABELLA VILLAS COMMONS ASSOCIATION, INC.	

Principal Place of Business 4002 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33904	Mailing Address 4002 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33904
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02132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8461722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HODGDON, SAMUEL K 14241 METROPOLIS AVE. FT. MYERS, FL 33912	

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 -	U00000886650 04/18/08-80067-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, ROBERT A JR. 4002 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIFEDE, MICHAEL 4002 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, SCOTT 4002 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

*pd 3/26/08
MV
#1057*

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: _____ **2/19/08** **237-274-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #