


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

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

DOCUMENT # N06000007358 1. Entity Name MIRABELLA VILLAS 1 CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business
**4002 DEL PRADO BLVD. SOUTH
CAPE CORAL, FL 33904**

Mailing Address
**4002 DEL PRADO BLVD. SOUTH
CAPE CORAL, FL 33904**



02052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8441448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUSHNER, STEVE P
14241 METROPOLIS AVE.
FT. MYERS, FL 33912**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

U000000886651
04/18/08-80067-004 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEE, ROBERT A JR.
STREET ADDRESS 4002 DEL PRADO BLVD. SOUTH
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VD
NAME DIFEDE, MICHAEL
STREET ADDRESS 4002 DEL PRADO BLVD. SOUTH
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE STD
NAME LEE, SCOTT
STREET ADDRESS 4002 DEL PRADO BLVD. SOUTH
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

pd 3/26/08
MV
✓ #1088
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IN THIS SPACE**

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

2/19/08
Date

239-274-7020
Daytime Phone #