


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90072 023 ****61.25

DOCUMENT # N06000007365	
1. Entity Name MIRABELLA VILLAS 5 CONDOMINIUM 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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02262007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8461676	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KUSHNER, STEVEN P 14241 METROPOLIS AVE. FT. MYERS, FL 33912	

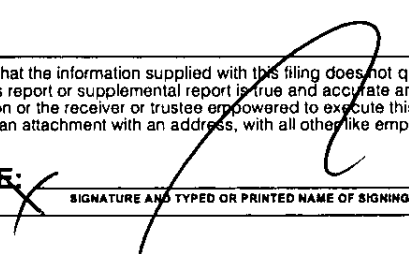
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	LEE, ROBERT A JR.	NAME	
STREET ADDRESS	4002 DEL PRADO BLVD. SOUTH	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904	CITY - ST - ZIP	
TITLE	VD	TITLE	
NAME	DIFEDE, MICHAEL	NAME	
STREET ADDRESS	4002 DEL PRADO BLVD. SOUTH	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904	CITY - ST - ZIP	
TITLE	STD	TITLE	
NAME	LEE, SCOTT	NAME	
STREET ADDRESS	4002 DEL PRADO BLVD. SOUTH	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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.	
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SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
		4-13-07	274-7000