

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

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

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	



02122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8461676	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUSHNER, STEVEN P 14241 METROPOLIS AVE. FT. MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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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**

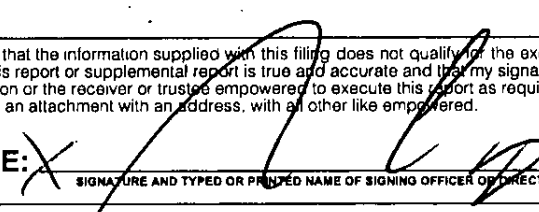
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000886673
04/18/08-80067-018 61.25

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

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 an other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/19/08

239-277-2000