

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 016 ****61.25

DOCUMENT # N06000013043

1. Entity Name
**MIRABELLA AT WORLD GATEWAY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**19927 VILLA SQUARE DR.
ORLANDO, FL 32821**

Mailing Address
**19927 VILLA SQUARE DR.
ORLANDO, FL 32821**

40032100



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

02162008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8180315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOBERSTEIN, MARY
701 BRICKELL AVE., STE. 3000
C/O WILLIAM BLOOM
MIAMI, FL 33131**

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.

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SLAVEN, ARTHUR**
CITY-ST-ZIP **225 W. HUBBARD ST., #400
CHICAGO, IL 60610**

TITLE ☐ Change ☒ Addition
NAME **Member**
STREET ADDRESS **Alvaro Plazas**
CITY-ST-ZIP **8849 Villa View Circle #206
Orlando FL 32821**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LERNER, MICHAEL**
CITY-ST-ZIP **1555 N. SHEFFIELD
CHICAGO, IL 60622**

TITLE ☐ Change ☒ Addition
NAME **Member**
STREET ADDRESS **Michael Depoy**
CITY-ST-ZIP **1555 N. Sheffield Ave
Chicago, IL 60622**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ASHKIN, LAURENCE**
CITY-ST-ZIP **225 W. HUBBARD ST., STE. 400
CHICAGO, IL 60610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **TUCKER, DAN**
CITY-ST-ZIP **225 W. HUBBARD ST., #400
CHICAGO, IL 60610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **STOCKING, NICK**
CITY-ST-ZIP **225 W. HUBBARD ST., #400
CHICAGO, IL 60610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **AARONS, JENNIFER**
CITY-ST-ZIP **225 W. HUBBARD ST., #400
CHICAGO, IL 60610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/08

239-449-1800

Date

Daytime Phone #