

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -8 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21318 1. Entity Name MIRA LAGO CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 4706 N STATE RD 7, SUITE 200 FORT LAUDERDALE, FL 33319		Mailing Address 3200 NW 46 STREET #106 FT LAUDERDALE, FL 33309 US
2. Principal Place of Business - No P.O. Box # 5300 Powerline Rd Suite, Apt. #, etc. #200A	3. Mailing Address 5300 Powerline Rd Suite, Apt. #, etc. 200A	
City & State Ft LAUDERDALE FL	City & State Ft Lauderdale FL	4. FEI Number 65-0236286
Zip 33309	Country Broward	Zip 33309
6. Name and Address of Current Registered Agent RANDALL K ROGER & ASSOCIATES PA 621 NW 53 STREET #300 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Jennings & Valancy, P.A. Street Address (P.O. Box Number is Not Acceptable) 311 SE 13th St City Ft Lauderdale FL Zip Code 33309
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5/5/08
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
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE S NAME MANGAROO, GAIL STREET ADDRESS 3300 NW 46TH STREET #202 CITY-ST-ZIP FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME HUSKY, JAMES STREET ADDRESS 3300 NW 46TH STREET #206 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE T NAME STEGALL, TOM STREET ADDRESS 3200 NW 46 ST #204 CITY-ST-ZIP FORT LAUDERDALE, FL 33309
TITLE P NAME BUSSIAN, BRIAN STREET ADDRESS 3300 NW 46ST #208 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME FREESE, CAROL STREET ADDRESS 3200 NW 46TH STREET #106 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME SERIMA, ANNA STREET ADDRESS 3200 NW 46TH ST., #104 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME GIRASOL, MARCOS STREET ADDRESS 3300 NW 46TH STREET #108 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/29/08
DAYTIME PHONE # 951-484-7999		

KS