2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 26, 2007 8:00 am Secretary of State

DOCUMENT # N26473 1. Entity Name LA MIRAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, FINC.						01-26-200	7 90032	035 ****61	1.25	
PO BOX 10631 (32524) PO I		Mailing Address PO BOX 10631 (32524) PENSACOLA, FL 32504	O BOX 10631 (32524)			6000'				
										
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address) 4216 24N 219H 10231	O ILLER O BOLLA O BEOLET	LIDIL BIBH BIDII BIB	M81 B! IBB!	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State			4. FEI Numb 59-288				oplied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	a 🗆	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent]	1	7. Name and	Address of Nev	v Registered	<u> </u>		
			Name							
BRUNO, TERRI 4340 COSTA MESA PENSACOLA, FL 32504			Street A	Street Address (P.O. Box Number is Not Acceptable)						
LINOMOO	25,12 02007									
			City				F	Zip Cod	е	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered office o	r registere	ed agent, or bo	th, in the State of	Florida. I ar	n familiar with,	and accept	
l										
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signat	ture required	when reinstating)		DATE			
SIGNATURE .		 								
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Carry Trust Fund Co	paign Financing		\$5.00 May E		Make che	ck payable t		
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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:

Terri Bruno
SIGNATURE AND TYPED OR PROHTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 850-857-1133