
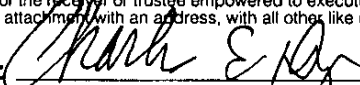


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90003 022 \*\*\*\*61.25

<b>DOCUMENT # N41877</b> 1. Entity Name <b>MIRAMARE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>115 BREAKERS COURT SUITE 112 PUNTA GORDON, FL 33950 US</b>			Mailing Address <b>100 SULLIVAN ST., #112 PUNTA GORDA, FL 33950 US</b>		
2. Principal Place of Business - No P.O. Box # <b>115 Breakers Ct</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PUNTA GORDA FL</b>		City & State			
Zip <b>33950</b>		Country <b>US</b>		4. FEI Number <b>65-0565495</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GREENE, JOAN F 100 SULLIVAN ST., #112 PUNTA GORDA, FL 33920</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, DANA 12280 MARYLAND AVE PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES E. DAY 115 BREAKERS CT # 122 PUNTA GORDA FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONNELL, ARTHUR 1815 AVENUE D STERLING, IL 61081	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELLE MCDONNELL 1815 AVENUE D STERLING IL 61081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGER, PIERRE LA PO BOX 476 GOUVERNEUR, NY 13642	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES SKINNER- 169 Pleasant View Dr COBLESKILL, NY 12043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 				Date <b>3/10/2008</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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03082008 Chg-NP CR2E037 (12/06)