2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N41877

Entity Name: MIRAMARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

115 BREAKERS CT
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST., #112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0565495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, JOAN F
100 SULLIVAN ST., #112
PUNTA GONDA, FL 33920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCDONNELL, ADELLE
Address: 1815 AVENUE D
City-St-Zip: STERLING, IL 61081

Title: PD ( ) Delete
Name: DAY, CHARLES E
Address: 115 BREAKERS CT 122
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: SKINNER, JAMES
Address: 169 PLEASANT VIEW DR
City-St-Zip: COBLESKILL, NY 12043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAPIERRE, ROGER
Address: P.O. BOX 476
City-St-Zip: GOUVERNEUR, NY 13642 US

Title: PD (X) Change ( ) Addition
Name: DAY, CHARLES E
Address: 115 BREAKERS CT 122
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D (X) Change ( ) Addition
Name: SKINNER, JAMES
Address: 169 PLEASANT VIEW DR
City-St-Zip: COBLESKILL, NY 12043 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. DAY PRES 03/03/2009

Electronic Signature of Signing Officer or Director — Date