

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001217

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: MIRAVISTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

187 FOREST LAKES BLVD  
SUITE B  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 65-0500327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRACEY, ROBERT T  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

GRACEY, ROBERT T SR.  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

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: ROBERT T. GRACEY, SR.

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: STEMPLER, CHARLES  
Address: 411 QUAIL FOREST BLVD A-104  
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete  
Name: HEIMERL, ALLEN  
Address: 441 QUAIL FOREST BLVD.  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: DRAGUN, EDWARD  
Address: 481 QUAIL FOREST BLVD B404  
City-St-Zip: NAPLES, FL 34105

Title: T ( ) Delete  
Name: GRACEY, ROBERT  
Address: 187 FOREST LAKES BLVD  
City-St-Zip: NAPLES, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AST (X) Change ( ) Addition  
Name: GRACEY, ROBERT  
Address: 187 FOREST LAKES BLVD  
City-St-Zip: NAPLES, FL

Title: D ( ) Change (X) Addition  
Name: FISHER, THEODORE  
Address: 481 QUAIL FOREST BLVD. B201  
City-St-Zip: NAPLES, FL 34105

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: ROBERT T. GRACEY, SR.

AST

03/30/2009

Electronic Signature of Signing Officer or Director

Date