

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001217

FILED
Mar 17, 2010
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 SR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 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: DPT
Name: STEMPLER, CHARLES
Address: 411 QUAIL FOREST BLVD A-104
City-St-Zip: NAPLES, FL 34105

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

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

Title: AST
Name: GRACEY, ROBERT
Address: 187 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T. GRACEY SR.

AST

03/17/2010

Electronic Signature of Signing Officer or Director

Date