


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90207 015 ****61.25

DOCUMENT # N95000001950	
1. Entity Name MIRA LAGO NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business %GULF BREEZE MGMT SVCS OF SW FL, LLC 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135 US	Mailing Address %GULF BREEZE MGMT SVCS OF SW FL, LLC 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135 US
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2. Principal Place of Business 8910 Terrene Court Suite, Apt. #, etc. Suite 200	3. Mailing Address 8910 Terrene Court Suite, Apt. #, etc. Suite 200
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01062006 Chg-NP CR2E037 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 65-0623184	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent WEIDNER, RALPH L GULF BREEZE MGMT SCVS OF SW FL, LLC 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court
Suite 200
City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD NAME HOLLERAN, BRENT J STREET ADDRESS 26240 MIRA WAY CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE S/T/D NAME Boyle, Thomas F. STREET ADDRESS 26170 Mira Way CITY-ST-ZIP Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME ZAVAGLIA, GREG STREET ADDRESS 26280 MIRA WAY CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME WISMAR, JAMES STREET ADDRESS 26231 MIRA WAY CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	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	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.

SIGNATURE: Greg J. Zavaglia **Greg J. Zavaglia** 5-1-06 **(239) 495-8401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # VD