

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001950

FILED
Jan 25, 2009
Secretary of State

Entity Name: MIRA LAGO NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0623184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
% GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 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: VD () Delete
Name: BOYLE, THOMAS F
Address: 26170 MIRA WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: GLEASON, JOHN
Address: 26161 MIRA WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: OTERO, PHILLIP
Address: 26171 MIRA WAY
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SCOLNICK, ROBERT
Address: 26280 MIRA WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD (X) Change () Addition
Name: GLEASON, JOHN
Address: 26161 MIRA WAY
City-St-Zip: BONITA SPRINGS, FL 34134

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

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: JOHN GLEASON

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date