2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004952

FILED Apr 29, 2007 Secretary of State

Entity Name: MIRABELLE HOMEOWNERS ASSOCIATION, INC.

| Current F | Principal Place | vi busilless: | New Principal Place | : OI DUSINESS. |
|---|--|---|---|---|
| | BELLE CIRCLE DLA, FL 32514 | US | | |
| Current P | /lailing Address | :: | New Mailing Addres | ss: |
| P.O. BOX PENSAC | .15134 DLA, FL 32514 | US | | |
| FEI Numbe | r: 59-3338063 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name an | d Address of Cu | ırrent Registered Agent: | Name and Address | of New Registered Agent: |
| 175 MIRA | D, RANDY BELLE CIRCLE DLA, FL 32514 | US | | |
| The char | a named antity of | ibmits this statement for the | surpose of changing its registers | ad affice or registered agent or both |
| | e named entity so e of Florida. | ubmits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, |
| in the Stat | e of Florida. RE: | , | | ed office or registered agent, or both, |
| in the Stat | e of Florida. RE: | ubmits this statement for the p | | ed office or registered agent, or both, Date |
| in the Stat | e of Florida. RE: | c Signature of Registered Ag | ent | |
| in the Stat | e of Florida. RE: Electronics S AND DIRECT | c Signature of Registered Agr CORS: Delete JERITE DR | ent | Date |
| in the State SIGNATU OFFICER Title: Name: Address: | Electronic Electronic S AND DIRECT SD () I GIBSON, MARGI 396 MIRABELLE PENSACOLA, FL | C Signature of Registered Agr CORS: Delete JERITE DR . 32514 Delete | ent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |
| in the State SIGNATU OFFICER Title: Name: Address: City-St-Zip: Vame: Name: Address: | E of Florida. RE: Electronic S AND DIRECT SD () I GIBSON, MARGI 396 MIRABELLE PENSACOLA, FL VPD () I REID, PHYLLIS 183 MIRABELLE PENSACOLA, FL | c Signature of Registered Age ORS: Delete JERITE DR . 32514 Delete E CIR . 32514 Delete | ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | Date SES TO OFFICERS AND DIRECTOR () Change () Addition |

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: JAMES RANDY HOLLAND TD 04/29/2007