

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004952

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: MIRABELLE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

175 MIRABELLE CIRCLE  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15134  
PENSACOLA, FL 32514 US

**New Mailing Address:**

FEI Number: 59-3338063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLLAND, RANDY  
175 MIRABELLE CIRCLE  
PENSACOLA, FL 32514 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: SD ( ) Delete  
Name: GIBSON, MARGUERITE  
Address: 396 MIRABELLE DR  
City-St-Zip: PENSACOLA, FL 32514

Title: VPD ( ) Delete  
Name: REID, PHYLLIS  
Address: 183 MIRABELLE CIR  
City-St-Zip: PENSACOLA, FL 32514

Title: PD ( ) Delete  
Name: KUHL, JAROMY  
Address: 149 MIRABELLE CIR  
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete  
Name: HOLLAND, RANDY  
Address: 175 MIRABELLE CIRCLE  
City-St-Zip: PENSACOLA, FL 32514

**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: ( ) 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: JAMES RANDY HOLLAND

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date