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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002483

1. Corporation Name

MIROMAR SQUARE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

10501 SIX MILE CYPRESS PARKWAY
SUITE 108
FORT MYERS FL 33912
10801 CORKSCREW ROAD
ESTERO, FLORIDA, 33928

Mailing Address

10501 SIX MILE CYPRESS PARKWAY
SUITE 108
FORT MYERS FL 33912
24810 BURNT PINE DRIVE, SUITE 4
BONITA SPRINGS, FLORIDA 34134



2. Principal Place of Business

21 10801 CORKSCREW ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 24810 BURNT PINE DRIVE
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/28/1998

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

City & State

23 ESTERO, FLORIDA

City & State

28 BONITA SPRINGS, FLORIDA

Zip Country

24 33928 25 USA

Zip Country

29 34134 30 USA

9. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J
10501 SIX MILE CYPRESS PARKWAY
SUITE 108
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
CICCARONE, MICHAEL J
82 Street Address (P.O. Box Number is Not Acceptable)
12800 UNIVERSITY DRIVE
83 SUITE 600
84 City
FORT MYERS FL 85 Zip Code
33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, MARGARET J	
STREET ADDRESS	10501 SIX MILE CYPRESS PARKWAY, SUITE 108	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CHAMI, H. GEORGES J	
STREET ADDRESS	10501 SIX MILE CYPRESS PARKWAY, SUITE 108	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CICCARONE, MICHAEL J	
STREET ADDRESS	10501 SIX MILE CYPRESS PARKWAY, SUITE 108	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILLER, MARGARET J.	
1.3 STREET ADDRESS	24810 BURNT PINE DRIVE, SUITE 4	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA, 34134	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHAMI, H. GEORGES	
2.3 STREET ADDRESS	24810 BURNT PINE DRIVE, SUITE 4	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA, 34134	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CICCARONE, MICHAEL J	
3.3 STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 600	
3.4 CITY-ST-ZIP	FORT MYERS, FLORIDA, 33907	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #