

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002483

1. Entity Name

MIROMAR SQUARE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90975 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10801 CORKSCREW RD  
ESTERO FL 33928

24810 BURNT PINE DR  
STE 4  
BONITA SPRINGS FL 34134-1973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CICCARONE, MICHAEL J  
12800 UNIVERSITY DR  
STE 600  
FORT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MILLER, MARGARET J  
STREET ADDRESS 24810 BURNT PINE DR -STE 4  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE VP/D  
NAME Jones, Keith  
STREET ADDRESS 24810 Burnt Pine Dr. Ste 4  
CITY-ST-ZIP Bonita Springs FL 34134 ☐ Change ☒ Addition

TITLE VTD  
NAME CHAM, H. GEORGES J  
STREET ADDRESS 24810 BURNT PINE DR -STE 4  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME CICCARONE, MICHAEL J  
STREET ADDRESS 12800 UNIVERSITY DR -STE 600  
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

978-779-3000

Date

Daytime Phone #

CR2E037 (9/99)