

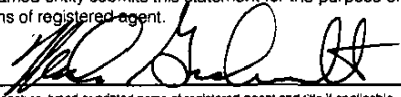
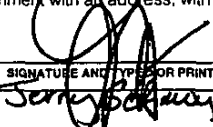


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90272 041 ****70.00

DOCUMENT # N98000002483 1. Entity Name MIROMAR SQUARE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134				Mailing Address 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134	
2. Principal Place of Business 10801 Corkscrew Rd. Suite, Apt. #, etc. Suite 305 City & State Estero, FL Zip 33928 Country USA		3. Mailing Address 10801 Corkscrew Road Suite, Apt. #, etc. Suite 305 City & State Estero, FL Zip 33928 Country USA			
4. FEI Number 56-2344437				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARK GESCHWENDT, ESQ. 24870 BURNT PINE DR. BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 10801 Corkscrew Road Suite 305 City Estero FL Zip Code 33928		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 3/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ROOP, ROBERT B 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10801 Corkscrew Road Suite 305 Estero, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MILLER, MARGARET J 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10801 Corkscrew Road Suite 305 Estero, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SCHMOYER, JERRY H 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10801 Corkscrew Road Suite 305 Estero, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date 3/1/05 Daytime Phone # 239/948-3666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jerry Schmoyer, Vice President					