

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90271 039 \*\*\*150.00

DOCUMENT # 257119

1. Entity Name  
MIRAMAR GARDEN APARTMENTS INC



Principal Place of Business  
60 VENETIAN DRIVE  
DELRAY BEACH FL 33483

Mailing Address  
60 VENETIAN DRIVE  
DELRAY BEACH FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1028411

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERGIO'S PROEPRTY MANAGEMENT, INC.  
60 VENETIAN DRIVE  
DELRAY BEACH FL 33483

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAUGHN, HARRY	
STREET ADDRESS	80 VENETIAN DRIVE, S 201	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIGGANS, BETTY A	
STREET ADDRESS	60 VENETIAN DRIVE, N 105	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENRY, RONNIE	
STREET ADDRESS	60 VENETIAN DRIVE; N-305	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, GLORIA	
STREET ADDRESS	80 VENETIAN DRIVE, S 104	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHASE, GENE	
STREET ADDRESS	40 VENETIAN DRIVE, N 306	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, GERRI	
STREET ADDRESS	80 VENETIAN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Appante	
STREET ADDRESS	60 Venetian Dr., Unit 2100	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constance McCarrens	
STREET ADDRESS	60 Venetian Dr. Unit N203	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Romig	
STREET ADDRESS	60 Venetian Dr. Unit N305	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Hughes	
STREET ADDRESS	60 Venetian Dr. Unit N201	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that any name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Harry Vaughn* PRESIDENT 2/12/03 PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)