

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:16

DOCUMENT # 712080 (1)

1. Corporation Name

FIFTH MIRAMAR CONDOMINIUM, INC.

Principal Place of Business

**6750 ARBOR DRIVE
MIRAMAR FL 33023**

Mailing Address

**6750 ARBOR DRIVE
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1967

3a. Date of Last Report

04/13/1994

4. FEI Number

59-1202373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WEIMER, WILMA
6750 ARBOR DR. #203
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

SCROBB, EVELYN

6740 ARBOR DR., SUITE 205

MIRAMAR FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

NUZZOLILI, EVELYN

6750 ARBOR DR., #102

MIRAMAR FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

THOMAS, LORETTA

6750 ARBOR DR. #105

MIRAMAR FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

CRISFIELD, ROSE

6750 ARBOR DR., #208

MIRAMAR FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

WEIMER, WILMA

6750 ARBOR DR., #203

MIRAMAR FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD

KUHN, WILLIAM

6750 ARBOR DR. #103

MIRAMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Wilma E. Weimer (Pres.)

3-7-95

705-9879315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER