

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL 31 AM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242007 REIN-NP CR2E099 (1/07)

4. FEI Number
59-1202373
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 712080
1. Entity Name
FIFTH MIRAMAR CONDOMINIUM, INC.



Principal Place of Business
6750 ARBOR DRIVE
107
MIRAMAR, FL 33023 US
Mailing Address
% ASSOCIATION MGMT GROUP
PO BOX 630280
MIAMI, FL 33163 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

6. Name and Address of Current Registered Agent
PARKER, TANIKA
6750 ARBOR DRIVE
107
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip

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

FILE NOW!!! FEE IS \$122.50
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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	VP PARKER, TANIKA 6750 ARBOUR DR., APT 107 MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tanika Parker 6750 ARBOR DR #107 MIRAMAR, FL 33023 President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMMELLS, ANDRE 6750 ARBOR DR, 102 MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sonia Huie 6750 ARBOR DR #104 MIRAMAR, FL 33023 VICE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROMIREA, LUCILLA 6750 ARBOR DR., APT 10101 MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rebecca Lopez 6750 ARBOR DR #105 MIRAMAR, FL 33023 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALTON, ROBERT 6750 ARBOR DR, 205 HOLLYWOOD, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Astrid Atiles 6750 ARBOR DR #203 MIRAMAR, FL 33023 TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: TANIKA PARKER
DATE: 7/28/07
DAYTIME PHONE: 954-302-1146

8/2 gw