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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728948 (1)
1. Corporation Name
MISSIONWOOD AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8391 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US	Mailing Address 8391 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/26/1974	4. FEI Number 59-1506683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**BURG, LEE H.
BECKE & STIRLING ROAD
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DUNDAS, MICHAEL
STREET ADDRESS	8322 E. MISSIONWOOD DRIVE
CITY-ST-ZIP	MIRAMAR FL
TITLE	P <input type="checkbox"/> DELETE
NAME	GANNIM, SHARIFF
STREET ADDRESS	2944 MISSIONWOOD LANE W
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GRAY, FAITH M
STREET ADDRESS	3033 E MC
CITY-ST-ZIP	MIRAMAR FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCGREGOR, KIRK
STREET ADDRESS	8376 N. MISSIONWOOD CIRCLE
CITY-ST-ZIP	MIRAMAR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLY, PAT
STREET ADDRESS	8364 N. MISSIONWOOD CIRCLE
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	D <input type="checkbox"/> DELETE
NAME	RAMPAL, SAVITRI
STREET ADDRESS	3029 W. MISSIONWOOD CIRCLE
CITY-ST-ZIP	MIRAMAR FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THURMAN, MAY L
1.3 STREET ADDRESS	8440 W. MISSIONWOOD DR
1.4 CITY-ST-ZIP	MIRAMAR, FL 33025
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WHITES, ALAN
2.3 STREET ADDRESS	8412 N. MISSIONWOOD CIRCLE
2.4 CITY-ST-ZIP	MIRAMAR, FL 33025
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORE, VIRGINIA
3.3 STREET ADDRESS	3037 E. MISSIONWOOD LA
3.4 CITY-ST-ZIP	MIRAMAR, FL 33025
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BERTRAM, BERESFORD
4.3 STREET ADDRESS	3034 E. MISSIONWOOD LANE
4.4 CITY-ST-ZIP	MIRAMAR, FL 33025
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GRAY, FAITH M
5.3 STREET ADDRESS	3033 E. MISSIONWOOD CIRCLE
5.4 CITY-ST-ZIP	MIRAMAR, FL 33025
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILSON, LIONEL
6.3 STREET ADDRESS	8432 W. MISSIONWOOD DR
6.4 CITY-ST-ZIP	MIRAMAR, FL 33025

14. 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* **4/29/98 (R4) 431-7957**

CR2E037 (1097)