

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>8391 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US</b>	Mailing Address <b>8391 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US</b>
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3. Date Incorporated or Qualified <b>02/26/1974</b>	Applied For Not Applicable
4. FEI Number <b>59-1506683</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. City	
84. City	85. Zip Code

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 officer 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	8384 N. MISSIONWOOD CIRCLE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMPAL, SAVTRI	
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]* 4/28/98 (84) 431-7957

CR2E037 (10/97)