FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728948

1. Corporation Name

MISSIONWOOD AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

8381 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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8381 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025

US

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FILED Mar 11, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

02/26/1974

59-1506683

4. FEI Number

23		28							
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing	\$5.00 N		
24	25	29	30			Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
BURG, LEE H. BECKE & STIRLING ROAD Becker & Poliakoff 3111 STIRLING ROAD FORT LAUDERDALE FL 33312				81 Name Gary A. Poliakoff, President 82 Street Address (P.O. Box Number is Not Acceptable) Becker & Poliakoff 83 3111 Stirling Road 84 City Fort Lauderdale FL 85 Zip Code 33312					
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									
	Signature, typed or printed name of registered agent ar		E: Registered	Agent signature r	equired whe	n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		2S IN 12	
12.	OFFICERS AND	DIRECTORS		n.c	S	ADDITIONS/CHANGES TO OFFICERS	\$₹] Change	Addition	
TITLE	V	L'I DELETE	1.1 TT		- 1	www. Marr T	Z Change		
NAME	THURMAN, MAY L		1.2 N			rman, May L			
STREET ADDRESS	•			'		0 W Missionwood Dr amar F1 33025			
CITY-ST-ZIP	MIRAMAR FL 33025			TY-ST-ZIP	MIL	amar rr 35025	K Change	☐ Addition	
TITLE	P	☐ DELETE	2.1 TI		V		751 Citalide		
NAME	GANNIM, SHARIFF		2.2 N	AME	_	riff, Gannim	,	. [
STREET ADDRESS	2944 MISSIONWOOD LANE W		2.3 S	REET ADDRESS	294	4 Missionwood Lane	• W		
CITY-ST-ZIP	MIRAMAR FL 33025		2.40	TY-ST-ZIP	Mir	amar F1 33025			
TITLE	S	☐ DELETE	3.1 TI	TLE	P		Change	☐ Addition	
NAME	WHITES, ALAN		3.2 N	AME	Whi	tes, Alan			
STREET ADDRESS	8412 N MISSIONWOOD CIRCLE		3.3 S	TREET ADDRESS		.2 N Missionwood Ci	ircle		
CITY-ST-ZIP	MIRAMAR FL 33025		3.4. C	TY-ST-ZIP	Mir	amar F1 33025			
TITLE	T	☐ DELETE	4.1 TI	TLE	D		☐ Change	Addition	
NAME	MORE, VIRGINIA		4. 2 N	AME		ıy, Faith	· · · · · · .		
STREET ADDRESS	3037 E MISSIONWOOD LA		4.3 S			33 E Missionwood Ci	ircle	ş -	
CITY-ST-ZIP	MIRAMAR FL 33025		4.4 C	TY-ST-ZIP	Mir	amar F1 33025	·		
TITLE	D	☐ DELETE	5.1 T	TLÉ	D		☐ Change	Addition	
NAME	KELLY, PAT		5.2 N	AME	Wi1	son, Lionel	•	*	
STREET ADDRESS	8364 N. MISSIONWOOD CIRCLE		5.3 S	TREET ADDRESS	843	32 Missionwood Driv	7e W	``	
CITY-ST-ZIP	MIRAMAR FL 33025		5.4 CI	TY-ST-ZIP	Mir	amar F1 33025	· · · · · · · · · · · · · · · · · · ·		
TITLE	D	☐ DELETE	6.1 TI	TLÉ	D		☐ Change	Addition	
NAME	RAMPAL, SAVITRI		6.2 N	AME	-	wn, Tourek	·, · · · ·	, .	
STREET ADDRESS	3029 W MISSIONWOOD CIRCLE		6.3 S	TREET ADDRESS	845	6 Missionwood Driv	re W	.]	
CITY-ST-ZIP	MIRAMAR FL 33025		6.4 C	ITY-ST-ZIP	Mir	amar F1 33025		•	
	_ ·····					The 440 03(0)() Flesher Chabitan I forther	andification in	7	

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, or on an attachment with an address with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 (954) 431-7857 Date Daytime Phone # SR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable