

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90058 028 ****61.25

DOCUMENT # 728948

1. Entity Name
MISSIONWOOD AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8381 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US	Mailing Address 8381 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1506683**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A PRES
 BECKER & POLIAKOFF
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, ARNOLD 2925 W MISSIONWOOD CIR MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANNIM, SHARIFF 2944 MISSIONWOOD LANE W MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, VIRGINIA 3037 E MISSIONWOOD CIR MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, FAITH 3033 E MISSIONWOOD CIR MIRAMAR FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBETH, DORLON 10841 SW 11 MANOR DAVIE FL 33325 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMPAL, SAVITRI 7840 SILVERADO CT DAVIE FL 33024 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARIFF, GANNIM 7834 SILVERADO COURT DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORE, VIRGINIA 3037 E. MISSIONWOOD LANE MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL-BRYAN, CLAUDETTE 3034 W. MISSIONWOOD CIRCLE MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, ANTHONY 3054 W. MISSIONWOOD CIRCLE MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Shari Gannim Shariff* **SHARIFF, GANNIM SHARIFF** 2/14/02 (954) 431-7957

CR2E037 (9/01)