


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90040 011 \*\*\*\*61.25

<b>DOCUMENT # 728948</b>	
<b>1. Entity Name</b>	
MISSIONWOOD AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
8381 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US	8381 S. MISSIONWOOD CIRCLE MIRAMAR FL 33025 US

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-1506683		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
POLIAKOFF, GARY A PRES BECKER & POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE FL 33312		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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> CAMPBELL-BRYAN, CLAUDETTE 3034 W. MISSIONWOOD CIRCLE MIRAMAR FL 33025 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> CAMPBELL-BRYAN, CLAUDETTE 3034 W MISSIONWOOD CIRCLE MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> GANNIM, SHARIFF 7834 SILVERADO COURT DAVIE FL 33024 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> FORBES, GLORIA 3030 E MISSIONWOOD CIRCLE MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> WALDEN, JAN 3032 E. MISSIONWOOD LANE MIRAMAR FL 33025 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FALLOON-REID, OLIVER 1-357-NW 1-23 TERRACE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DOYLE, ARNOLD 2925 W. MISSIONWOOD CIRCLE MIRAMAR FL 33025 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> POINDUJOUR, CATHERINE 8420 N MISSIONWOOD CIRCLE MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GORDON, ANTHONY 3054 W. MISSIONWOOD CIRCLE MIRAMAR FL 33025 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VERNON, NADJA 2918 E MISSIONWOOD LANE MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KELLY, PATRICIA 8364 N MISSIONWOOD CIRCLE HOLLYWOOD FL 33025 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> GRAY, FAITH 3033 E MISSIONWOOD CIRCLE MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NOTE!</b>

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:** *Gannim Shariff* **GANNIM SHARIFF**  
**SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR** **PRESIDENT**  
**1/27/05 (954) 431-7957**  
**Date** **Daytime Phone #**