


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 043 ****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 C/O BSSS CONDO DEPT. 2525 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1506683	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZMAN & KORR, P.A. 1501 NW 49TH ST., STE. 202 FORT LAUDERDALE, FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESLOP, DALEY		NAME	CHRISTOPHER HENRY	
STREET ADDRESS	2914 E. MISSIONWOOD LN #46C		STREET ADDRESS	8309 E MISSIONWOOD Dr. # 49B	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLOON-REID, OLIVER		NAME	NIGEL YOUNG	
STREET ADDRESS	2943 W. MISSIONWOOD #11D		STREET ADDRESS	8353 N. MISSIONWOOD Circle # 27D	
CITY-ST-ZIP	HOLLYWOOD, FL 33025		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, MARY J		NAME	FAITH GRAY	
STREET ADDRESS	2922 E. MISSIONWOOD LN		STREET ADDRESS	3033 E MISSIONWOOD Cir # 59B	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINNERY, LINDA		NAME	CHINNERY, LINDA	
STREET ADDRESS	8440 W. MISSIONWOOD DR.		STREET ADDRESS	8440 W. MISSIONWOOD Dr.	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN-LOUIS, JOHNNY		NAME	KERONE BIRCH	
STREET ADDRESS	2950 W. MISSIONWOOD LN #5A		STREET ADDRESS	8390 S MISSIONWOOD Cir #42D	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALDANA, ALINA		NAME	Adrenae Chaates	
STREET ADDRESS	3037 W. MISSIONWOOD LN		STREET ADDRESS	2944 E MISSIONWOOD W. #48D	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	MIRAMAR, FL 33025	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Heslop Daley, President</i>			Date: <i>2/5/08</i>		Daytime Phone #: <i>954-431-7957</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>