


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90204 034 \*\*\*\*61.25

|   |                           |   |   |   |   |          |
|---|---------------------------|---|---|---|---|----------|
| <b>DOCUMENT # 728948</b>  |                           |   |   |                |   |          |
| 1. Entity Name<br><b>MISSIONWOOD AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.</b>   |                           |   |   |   |   |          |
| Principal Place of Business<br>8381 S. MISSIONWOOD CIRCLE<br>MIRAMAR FL 33025<br>US   |                           |   | Mailing Address<br>8381 S. MISSIONWOOD CIRCLE<br>MIRAMAR FL 33025<br>US   |   |   |          |
| 2. Principal Place of Business  |                           | 3. Mailing Address  |   |   |   |          |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.   |   |   |   |          |
| City & State  |                           | City & State  |   | 4. FEI Number <b>59-1506683</b>   |   |          |
| Zip   |                           | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |          |
| 6. Name and Address of Current Registered Agent   |                           |   | 7. Name and Address of New Registered Agent   |   |   |          |
| <b>POLIAKOFF, GARY A PRES<br/>BECKER &amp; POLIAKOFF<br/>3111 STIRLING ROAD<br/>FORT LAUDERDALE FL 33312</b>  |                           |   | 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 _____   |                           |   | DATE _____  |   |   |          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                           |   |   |   |   |          |
| <b>FILE NOW: FEE IS \$61.25</b>   |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to Florida Department of State</b>  |   |          |
| 10. OFFICERS AND DIRECTORS  |                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |   |          |
| TITLE   | S                         | <input checked="" type="checkbox"/> Delete  | TITLE   | V, D  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |          |
| NAME  | DOYLE, ARNOLD             |   | NAME  | CAMPBELL-BRYAN, CLAUDETTE   |   |          |
| STREET ADDRESS  | 2925 W MISSIONWOOD CIR    |   | STREET ADDRESS  | 3034 W MISSIONWOOD CIRCLE   |   |          |
| CITY-ST-ZIP   | MIRAMAR FL 33025          |   | CITY-ST-ZIP   | MIRAMAR FL 33025  |   |          |
| TITLE   | P, D                      | <input type="checkbox"/> Delete   | TITLE   | S, D  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |          |
| NAME  | GANNIM, SHARIFF           |   | NAME  | GRAY, FAITH   |   |          |
| STREET ADDRESS  | 7834 SILVERADO COURT      |   | STREET ADDRESS  | 3033 E MISSIONWOOD CIRCLE   |   |          |
| CITY-ST-ZIP   | DAVIE FL 33024            |   | CITY-ST-ZIP   | MIRAMAR FL 33025  |   |          |
| TITLE   | T, D                      | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |          |
| NAME  | MOORE, VIRGINIA           |   | NAME  | KELLY, PATRICIA   |   |          |
| STREET ADDRESS  | 3037 E MISSIONWOOD LANE   |   | STREET ADDRESS  | 8364 N MISSIONWOOD CIRCLE   |   |          |
| CITY-ST-ZIP   | MIRAMAR FL 33025          |   | CITY-ST-ZIP   | MIRAMAR, FL 33025   |   |          |
| TITLE   | V, D                      | <input checked="" type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |          |
| NAME  | GRAY, FAITH               |   | NAME  | WALDEN, JAN   |   |          |
| STREET ADDRESS  | 3033 E MISSIONWOOD CIR    |   | STREET ADDRESS  | 3032 E MISSIONWOOD LANE   |   |          |
| CITY-ST-ZIP   | MIRAMAR FL 33025          |   | CITY-ST-ZIP   | MIRAMAR, FL 33025   |   |          |
| TITLE   | D                         | <input checked="" type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |          |
| NAME  | CAMPBELL-BRYAN, CLAUDETTE |   | NAME  | GORDON, ANTHONY   |   |          |
| STREET ADDRESS  | 3034 W MISSIONWOOD CIRCLE |   | STREET ADDRESS  | 3054 W MISSIONWOOD CIRCLE   |   |          |
| CITY-ST-ZIP   | MIRAMAR FL 33025          |   | CITY-ST-ZIP   | MIRAMAR, FL 33025   |   |          |
| TITLE   | D                         | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |          |
| NAME  | RAMPAL, SAVITRI           |   | NAME  | MUSE, MARCUL  |   |          |
| STREET ADDRESS  | 7840 SILVERADO CT         |   | STREET ADDRESS  | 8452 W MISSIONWOOD DRIVE  |   |          |
| CITY-ST-ZIP   | DAVIE FL 33024            |   | CITY-ST-ZIP   | MIRAMAR, FL 33025   |   |          |
| 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 <i>Shariff Gannim</i> (GANNIM SHARIFF, PRES) 4/3/03 (954) 431-7957  |                           |   |   |   |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           |   |   |   |   |          |

CR2E037 (10/02)