


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 040 ****70.00

DOCUMENT #	N00000002392	
1. Entity Name THE COUNTRY CLUB AT MIRASOL COMMUNITY ASSOCIATION, INC.		

10016108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11400 Nursery Lane <small>Suite, Apt. #, etc.</small>	3. Mailing Address 21045 Commercial Trail <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State Palm Beach Gardens, FL	City & State Boca Raton FL	4. FEI Number 65-1001705	Applied For <input type="checkbox"/> Not Applicable
Zip 33418	Country USA	Zip 33486	Country USA

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name William K. Isaacson	
	Street Address (P.O. Box Number is Not Acceptable) C/O LANG Management Company	
	21045 Commercial Trail	
	City Boca raton	FL 33486

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERNA, CRAIG A 11400 NURSERY LANE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHOROST, AARON 11400 NURSERY LANE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAKAN, STEVEN A 11400 Nursery Lane Palm Beach Gardens, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information furnished on this report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AARON CHOROST

1/24/03

561-622-1730

CR2E034B (12/02)