

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90095 026 ****61.25

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

DOCUMENT # N00000007941
1. Entity Name
Florenza at Mirasol Property
Owners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Clint Moore Road
Suite, Apt. #, etc.
Suite 110
City & State
Boca Raton, FL
Zip
33487 Country
USA

3. Mailing Address
1000 Clint Moore Road
Suite, Apt. #, etc.
Suite 110
City & State
Boca Raton, FL
Zip
33487 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-058345 Applied For
Not Applicable

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 Judy Matthews-Gray
Street Address (P.O. Box Number is Not Acceptable)
1000 Clint Moore Road
Suite 110
City Boca Raton FL Zip Code
33487

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 Judy Matthews Gray
Signature, typed or printed name of registered agent and date if applicable

4/15/02
DATE

(NOTE: Registered Agent signature required when resigning)

FEES \$6.25
Initial or Amended UBR

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	<u>DP</u>
NAME	<u>Craig Perna</u> (Del)
STREET ADDRESS	<u>11400 Nursery Lane</u>
CITY-ST-ZIP	<u>Palm Beach Gardens, FL 33418</u>
TITLE	<u>DV</u>
NAME	<u>Aaron Chorost</u> (Del)
STREET ADDRESS	<u>11400 Nursery Lane</u>
CITY-ST-ZIP	<u>Palm Beach Gardens, FL 33418</u>
TITLE	<u>STD</u>
NAME	<u>Steven A Baban</u> (Del)
STREET ADDRESS	<u>7120 South Beneva Road</u>
CITY-ST-ZIP	<u>Sarasota, FL 34238</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<u>President, Director</u>
NAME	<u>Nancy Walsh</u>
STREET ADDRESS	<u>1000 Clint Moore Rd. Suite 110</u>
CITY-ST-ZIP	<u>Boca Raton, FL 33487</u>
TITLE	<u>Vice President, Director</u>
NAME	<u>Dean Borg</u>
STREET ADDRESS	<u>1000 Clint Moore Rd. Suite 110</u>
CITY-ST-ZIP	<u>Boca Raton, FL 33487</u>
TITLE	<u>ST DIRECTOR</u>
NAME	<u>Judy Matthews-Gray</u>
STREET ADDRESS	<u>1000 Clint Moore Road Suite 110</u>
CITY-ST-ZIP	<u>Boca Raton, FL 33487</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 67, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Judy Matthews Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 Date
561-997-5760 Telephone Number

CR2E037B (12/01)