

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jul 09, 2002 8:00 am
Secretary of State

04-01-2002 90628 045 ****61.25

DOCUMENT # N01000000428

1. Entity Name

ANDALUCIA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7495 W. ATLANTIC AVE., #220B
 DELRAY BEACH FL 33446

7495 W. ATLANTIC AVE., #220B
 DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0027203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D GROSSWALD, DAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7495 W. ATLANTIC AVE., #220B	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE NAME	D PEASE, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	7495 W. ATLANTIC AVE., #220B	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE NAME	D BLUM, RONALD A	<input type="checkbox"/> Delete
STREET ADDRESS	7495 W. ATLANTIC AVE., #220B	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE NAME	MIKE DO	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D MIKE DONNELLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7495 W ATLANTIC AVE #220B	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)