


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90244 013 ****61.25

DOCUMENT # N18298
1. Entity Name
MIZNER TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**300 SOUTHEAST 5TH AVENUE
MANAGEMENT OFFICE
BOCA RATON FL 33432** **300 SOUTHEAST 5TH AVENUE
MANAGEMENT OFFICE
BOCA RATON FL 33432**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
65-0036003 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**DIREKTOR, KENNETH S
C/O BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE. SOUTH, 9TH FLOOR
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FOX, MAYRIE	
STREET ADDRESS	300 SE 5TH AVE #7150	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, SHEL	
STREET ADDRESS	300 SE 5TH AVE # 6020	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, FRED	
STREET ADDRESS	300 SE. 5TH AVE. #1090	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALLEN, BRENDA	
STREET ADDRESS	300 SE 5TH AVE # 2100	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SLOANE, MARTIN	
STREET ADDRESS	300 SE 5TH AVE # 212-	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD. Fox MAURIE	
STREET ADDRESS	300 SE 5TH AVE # 7150	
CITY-ST-ZIP	BOCA RATON FL. 33432	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY ROTHENBERG	
STREET ADDRESS	300 SE. 5TH. # 6130	
CITY-ST-ZIP	BOCA RATON FL. 33432	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY GREEN	
STREET ADDRESS	300 SE. 5TH AVE. #1030	
CITY-ST-ZIP	BOCA RATON FL. 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Kashinsky	
STREET ADDRESS	300 SE. 5TH. AVE # 4070	
CITY-ST-ZIP	BOCA RATON FL. 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3/29/06