

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90003 025 ****61.25

DOCUMENT # N35987 1. Entity Name MYKONOS COURT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O GLEN MANAGEMENT 301 W. COMINO GARDENS BLVD #200 BOCA RATON, FL 33432 US		Mailing Address C/O GLEN MANAGEMENT 301 W. COMINO GARDENS BLVD #200 BOCA RATON, FL 33432 US	
2. Principal Place of Business - No P.O. Box # C/O Prime Management Group Suite, Apt., etc. 6300 Park of Commerce Blvd City & State Boca Raton, FL Zip 33487 Country USA		3. Mailing Address C/O Prime Management Group Suite, Apt., etc. 6300 Park of Commerce Blvd City & State Boca Raton, FL Zip 33487 Country USA	
4. FEI Number 65-0219412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLEN, ANDREW C C/O GLEN MANAGEMENT SERVICES 301 W COMINO GARDENS BLVD STE 200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Levine, Jay Steven, PA Street Address (P.O. Box Number is Not Acceptable) 2500 N. Military Trail, Suite 283 City Boca Raton FL Zip Code 33431	
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 Jay Steven Levine, Esq.		DATE 9-13-07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME TEITELBAUM, MARTY STREET ADDRESS 301 WEST CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE President NAME Rubin, Ruthlyn STREET ADDRESS 3695 Mykonos Court CITY-ST-ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME RUBIN, ROTHLIN STREET ADDRESS 301 WEST CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Dee, Toni STREET ADDRESS 3700 Mykonos Court CITY-ST-ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LETS, JANICE STREET ADDRESS 301 WEST CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Griscam, Vivian STREET ADDRESS 3752 Mykonos Court CITY-ST-ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TH NAME COHEN, ROBERT STREET ADDRESS 301 WEST CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Leis, Janice STREET ADDRESS 3684 Mykonos Court CITY-ST-ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME LONDON, MARK STREET ADDRESS 301 W CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Rubin, Kenneth STREET ADDRESS 3695 Mykonos Court CITY-ST-ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ruthlyn Rubin, Board President		DATE 9/12/07 Daytime Phone # 561-989-5053	