

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

99 MAY 18 PM 3:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N9700 000 1227**

1. Corporation Name  
**MIZNER POINTE OF BOCA HOMEOWNERS' ASSOC., INC**

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>c/o Glen Management</b>	26	<b>c/o Glen Management</b>	<b>3/4/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	<b>4301 Oak Circle, #23</b>	27	<b>P.O. Box 1390</b>	<b>65-0737925</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	<b>BOCA RATON, FL</b>	28	<b>BOCA RATON, FL</b>	<b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	<b>33431</b>	25	<b>Palm Beach</b>	29	<b>33429</b>
Country		Country		30	
		<b>Palm Beach</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				<b>Glen Management Services, INC.</b>			
				<b>4301 Oak Circle, Suite 23</b>			
				83	Name		
				<b>Andrew C. Glen</b>			
				84	City	85	Zip Code
				<b>Boca RATON</b>		<b>FL</b>	<b>33431</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **A. GLEN (561) 392-0977 5/5/99** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>0</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEIGH FELDSTEIN</b>			1.2 NAME			
STREET ADDRESS	<b>5166 NW 87th Way</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>			1.4 CITY-ST-ZIP			
TITLE	<b>0</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LYNNE GAUDET</b>			2.2 NAME			
STREET ADDRESS	<b>123 NW 13th St, Suite 300</b>			2.3 STREET ADDRESS	<b>800002892548--7</b>		
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>			2.4 CITY-ST-ZIP	<b>-06/02/99--01049--014</b>		
TITLE	<b>0</b>	<input type="checkbox"/> DELETE		2.5 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>		
NAME	<b>HARRY ENGLESTEIN</b>			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>123 NW 13th St, Suite 300</b>			3.2 NAME			
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>			3.3 STREET ADDRESS			
TITLE	<b>0</b>	<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
NAME				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE	<b>0</b>	<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
NAME				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
TITLE	<b>0</b>	<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP			
NAME				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
TITLE	<b>0</b>	<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: **Leigh Feldstein** DATE: **5/4/99** TIME: **9:54:25**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)