


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90031 031 \*\*\*\*61.25

<b>DOCUMENT # N97000001222</b>					
1. Entity Name <b>MIZNER POINTE OF BOCA HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8290 VIA ANCHO BOCA RATON, FL 33433</b>			Mailing Address <b>2200 N FEDERAL HWY 212 BOCA RATON, FL 33431</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PLAZURE, LENNIE 2200 N FEDERAL HIGHWAY 212 BOCA RATON, FL 33431</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLERMAN, GERALD			NAME	DEMETAR, MICHAEL
STREET ADDRESS	8647 VIA ANCHO			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZZA, PATRICIA			NAME	Debra Rodriguez
STREET ADDRESS	8404 VIA SCRENA			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLINER, SALLEE			NAME	
STREET ADDRESS	8406 VIA LEONESSA			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MARVIN			NAME	
STREET ADDRESS	8516 VIA D'ORO			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, RENEE			NAME	
STREET ADDRESS	8338 VIA SERENA			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECULLAN, HENRY			NAME	
STREET ADDRESS	8456 VIA D'ORO			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			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)(i), 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: <i>Marvin Kaplan</i> <b>MARVIN KAPLAN, Treasurer</b> 3/1/04 <small>Signature, typed or printed name of signing officer or director</small> Date					
<i>Henry Pecullan</i> <b>President</b> 3/4/04 <small>Daytime Phone #</small>					

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