


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90297 040 ****70.00

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1. Entity Name
MIZNER'S PRESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**551 NW 77TH STREET
 212
 BOCA RATON, FL 33487**

Mailing Address
**551 NW 77TH STREET
 212
 BOCA RATON, FL 33487**

2. Principal Place of Business
6300 Park of Commerce

3. Mailing Address
6300 Park of Commerce Blvd

Suite, Apt. #, etc.

City & State
Boca Raton, FL


City & State
Boca Raton FL

Zip
33487

Country
US

Zip
33487

Country
US



04162004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1046463

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AKAM SOUTH INC
 551 NW 77TH ST
 212
 BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

Name **Mike Swatt**

Street Address (P.O. Box Number is Not Acceptable)
**Prime Management Group
 6300 Park of Commerce Blvd**

City **Boca Raton FL** Zip Code **33487**

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 *Mike Swatt* **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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	T	<input checked="" type="checkbox"/> Delete
NAME	DELPRETE, CARL	
STREET ADDRESS	6315 D'ORSAY COURT	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STOPEK, RICK	
STREET ADDRESS	6311 VIA VENETIA NORTH	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOOM, JONATHAN	
STREET ADDRESS	16401 VIA VENETIA EAST	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DELPRETE, CARL	
STREET ADDRESS	6315 D'ORSAY CT	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARIAS, DEBRA	
STREET ADDRESS	16415 VIA VENETIA NORTH	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEITELBAUM, RONALD	
STREET ADDRESS	6080 VIA VENETIA SOUTH	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herb Brodsky	
STREET ADDRESS	6090 Via Venetia North	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Simon	
STREET ADDRESS	6122 Via Venetia North	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Young	
STREET ADDRESS	16420 Via Venetia North	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adam Plotkin	
STREET ADDRESS	16441 Via Venetia E	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ira Salamon	
STREET ADDRESS	6364 D'Orsay Ct	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	P	<input checked="" 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 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: *Herb Brodsky* **Herbert G. Brodsky 4/21/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(61)638-6668