2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000532

FILED Mar 02, 2009 Secretary of State

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

Current Principal Place of Business:			New Prir	New Principal Place of Business:		
	K OF COMME TON, FL 3348					
Current N	lailing Addres	ss:	New Mai	New Mailing Address:		
	K OF COMME TON, FL 3348					
FEI Number	: 65-1046463	FEI Number Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name an	d Address o	of New Registered Agent:	
301 YUMA	LOUIS HS, SAX, KLEI ATO ROAD, SL TON, FL 3340	JITE 4150	C/O SAC 6111 BR0	CAPLAN, LOUIS C/O SACHS, SAX, CAPLAN 6111 BROKEN SOUND PARKWAY NW, SUITE 200 BOCA RATON, FL 33487 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing	ı its registere	d office or registered agent, or both,	
SIGNATUI	RE:			03/02/2009		
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VP (STOPEK, RICH 6311 VIA VENE DELRAY BEAC	ETIA N.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (YOUNG, JAME 16420 VIA VEN DELRAY BEAC	IETIA NORTH	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ARON, STEPH 6363 DORSAY DELRAY BEAC	CRT	Title: Name: Address: City-St-Zip:	S ARON, STE 6363 DORS DELRAY BE		
Title: Name: Address: City-St-Zip:	D (GOULD, ALAN 6401 VIA VENE DELRAY BEAC		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P (SALAMON, IRA 6364 DORSEY DELRAY BEAC	COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HOWARD, GAI 6050 VIA VOUI DELRAY BEAC	DIA SOUTH	Title: Name: Address: City-St-Zip:		(X) Change () Addition EODORE VENETIA W EACH, FL 33484	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA SALAMON P 03/02/2009