

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90081 011 \*\*\*\*61.25

**DOCUMENT # N98000000532**

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



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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**551 NW 77<sup>th</sup> Street  
Suite, Apt. #, etc.  
212**

3. Mailing Address  
**551 NW 77<sup>th</sup> Street  
Suite, Apt. #, etc.  
212**

City & State  
**Boca Raton Florida**

City & State  
**Boca Raton Florida**

4. FEI Number **65-1046463** Applied For  
Not Applicable

Zip Country  
**33487 U.S.A**

Zip Country  
**33487 U.S.A**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**N/A**

Street Address (P.O. Box Number is Not Acceptable)

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TUNKEL, JAY</b> <b>16295 VIA VENETIA WEST</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STOPEK, RICK</b> <b>6311 VIA VENETIA NORTH</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRODSKY, HERB</b> <b>6090 VIA VENETIA SOUTH</b> <b>DELRAY BEACH FL 33484</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DELPRETE, CARL</b> <b>6315 D'ORSAY CT</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARIAS, DEBRA</b> <b>16415 VIA VENETIA NORTH</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIRSNER, STEPHEN</b> <b>6102 VIA VENETIA NORTH</b> <b>DELRAY BEACH FL 33484</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Delprete, Carl</b> <b>6315 D'Orsay court</b> <b>Delray Beach, FL 33484</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jonathan Bloom</b> <b>16401 Via Venetia East</b> <b>Delray Beach, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ronald Deitelbaum</b> <b>6080 Via Venetia South</b> <b>Delray Beach, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: SIGNATURE REQUIRED **Treasurer** 4/1/03

CR2E037 (10/02)