


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90014 026 \*\*\*\*61.25

<b>DOCUMENT # N99000000977</b>			
1. Entity Name <b>MIZNER GRAND CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>500 SE 5TH AVENUE BOCA RATON FL 33432</b>		Mailing Address <b>500 SE 5TH AVENUE BOCA RATON FL 33432</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  <b>HANDLER, HENRY WEISS AND HANDLER 2255 GLADES ROAD SUITE 218 A BOCA RATON FL 33436</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0938113</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMANN, LINDA 550 SE 5 AVE 10055 BOCA RATON FL 33432	<input type="checkbox"/> Delete	<b>SAME</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GRANAT, DAVID 500 SE 5 AVE #4015 BOCA RATON FL 33432	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBB, ROBERT 600 SE 5 AVE-6085 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MONTANTI, VINCENT 500 SE 5 AVE #3025 BOCA RATON FL 33432	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STERLING, LIONEL 400 SE 5 AVE-805-N BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CREUELLO, NICK 400 SE 5 AVE #1005N BOCA RATON FL 33432	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, ROBERT 500 SE 5 AVE #1005 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAVIS, DANIEL 550 SE 5 AVE #6055 BOCA RATON FL 33432	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMPS, WILLIAM 550 SE 5TH AVE #205 BOCA RATON FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STAMPS, WILLIAM 550 SE 5 AVE #205 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKOSITS, MILDRED 400 SE 5TH AVE #605 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KAPLAN, HAROLD 550 SE 5 AVE #9045 BOCA RATON FL 33432	<input type="checkbox"/> Change	<input checked="" 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: Linda Baumann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_