

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 019 ****70.00

DOCUMENT # N99000000977
 1. Entity Name
MIZNER GRAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
500 SE 5TH AVENUE BOCA RATON FL 33432

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2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0938113**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
~~HANDLER, HENRY~~
~~WEISS AND HANDLER~~
~~2265 GLADES ROAD SUITE 218 A~~
~~BOCA RATON FL 33436~~

7. Name and Address of New Registered Agent
 Name **SACHS SAK KLEIN**
 Street Address (P.O. Box Number is Not Acceptable)
301 YAMATO ROAD - Suite 4150
BOCA RATON
 City **SPENCER SAK** FL Zip Code **33431**

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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	P	<input type="checkbox"/> Delete
NAME	BAUMANN, LINDA	
STREET ADDRESS	550 SE 5 AVE 10055	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALLMAN, CINDA	
STREET ADDRESS	400 SE 54TH AVE 804 N	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTANTI, VINCENT	
STREET ADDRESS	500 SE S AVE., #3025	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, HAROLD	
STREET ADDRESS	550 SE 5THUB AVE., # 904 S	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, DANIEL	
STREET ADDRESS	550 SE S AVE., #6055	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, ROBERT	
STREET ADDRESS	500 SE 5TH AVE, 901 S	
CITY-ST-ZIP	BOCA RATON FL 33432	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES GREENBERG	
STREET ADDRESS	550 SE 5TH AVE 604 SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SOMMER	
STREET ADDRESS	400 SE 5AVE 303N	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input 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 exemptions contained in Section 119, 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* 3/7/06