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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004435**

1. Corporation Name

**MIZNER VILLAGE AT HERON BAY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

2400 SW 137 COURT  
MIAMI FL 33175

Mailing Address

2400 SW 137 COURT  
MIAMI FL 33175



2. Principal Place of Business

21 2460 SW 137 AVE

2a. Mailing Address

26 2460 SW 137 AVE

Suite, Apt. #, etc.

22 # 250

Suite, Apt. #, etc.

27 # 250

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33175

Country

25 USA

Zip

29 33175

Country

30 USA

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

65-0778473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CABALLERO, MARCIA B  
2450 SW 137 AVE STE 221  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME ROSADO, RAFAEL  
STREET ADDRESS 2400 SW 137 COURT  
CITY-ST-ZIP MIAMI FL 33175

TITLE VSD ☐ DELETE

NAME ABBO, FREDDY  
STREET ADDRESS 2400 SW 137 COURT  
CITY-ST-ZIP MIAMI FL 33175

TITLE D ☐ DELETE

NAME ROSADO, LEOCADIA E  
STREET ADDRESS 2400 SW 137 COURT  
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 2460 SW 137 AVE, # 250,

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 2460 SW 137 AVE, Suite # 250

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 2460 SW 137 AVE, Suite # 250

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3-29-99

305-227-7763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98

0034457