

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000008539**

1. Entity Name

PALMA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5300 W. ATLANTIC AVE., STE. 300
DELRAY BEACH FL 334845300 W. ATLANTIC AVE., STE. 300
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0027239

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

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

9. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Delete
NAME	GROSSWALD, DAN	
STREET ADDRESS	5300 W. ATLANTIC AVE., STE. 300	
CITY-STATE-ZIP	DELRAY BEACH FL 33484	

TITLE	DP	☐ Change ☒ Addition
NAME	Mike Donnelly	
STREET ADDRESS	5300 W. Atlantic Ave, Ste 300	
CITY-STATE-ZIP	Delray Beach, FL 33484	

TITLE	DVT	☐ Delete
NAME	PEASE, JOSEPH	
STREET ADDRESS	5300 W. ATLANTIC AVE., STE. 300	
CITY-STATE-ZIP	DELRAY BEACH FL 33484	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	DS	☐ Delete
NAME	BLUM, RONALD A	
STREET ADDRESS	5300 W. ATLANTIC AVE., STE. 300	
CITY-STATE-ZIP	DELRAY BEACH FL 33484	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

8-29-2002

FILED

02 SEP 12 AM 11:16

CLERK OF STATE
TALLAHASSEE, FLORIDA

09/08/02 40050 046 \$61.25