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

Mar 04, 2004 8:00 am DOCUMENT # N01000008539 **Secretary of State** 1. Entity Name 03-04-2004 90014 039 ****61.25 PALMA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 5300 W. ATLANTIC AVE., STE. 300 DELRAY BEACH FL 33484 5300 W. ATLANTIC AVE., STE. 300 **DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 26-0027239 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City 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 little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition DONNELLY, MIKE NAME NAME 5300 W. ATLANTIC AVE., STE. 300 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33484 CITY-ST-7IP CITY-ST-ZIP DVT TITLE ☐ Delete Change ☐ Addition PEASE, JOSEPH NAME NAME 5300 W. ATLANTIC AVE., STE. 300 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33484** CITY-ST-ZIP CITY-ST-ZIP DS TITLE Delete. TITLE ☐ Change **Addition** BLUM, RONALD A Alexander, Jeff NAME NAME 5300 W ATLANTIC AVENUE Suite 300 5300 W. ATLANTIC AVE., STE. 300 STREET ADDRESS STREET ADDRESS

NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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.

CITY-ST-ZIP

STREET ADDRESS City-ST-7/P

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SIGNATURE:

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DELRAY BEACH FL 33484

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Delray Beach

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