


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
APPROVED
Jan 20, 2005 08:00 AM
DATE
Secretary of State
CK. NO 312
ACCT. NO 9075
AMOUNT \$61.25
BLDG Paloma

DOCUMENT # N01000008539	
1. Entity Name PALMA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 16102 MIZNER CLUB DRIVE DELRAY BEACH, FL 33446	Mailing Address C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0027239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MANAGEMENT
1215 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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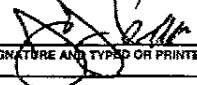
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONNELLY, MIKE 5300 W. ATLANTIC AVE., STE. 300 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PEASE, JOSEPH 5300 W. ATLANTIC AVE., STE. 300 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALEXANDER, JEFF 5300 W. ATLANTIC AVE., STE. 300 DELRAY BEACH, FL 33484
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000186160
01/21/05-80044-021 61.25

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:  1-17-05 561 638 4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #