

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750954

FILED
Apr 01, 2005
Secretary of State

Entity Name: MIRAMAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

502 MIRAMAR LANE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32206
PALM BEACH GARDENS, FL 334209206

New Mailing Address:

FEI Number: 59-2144524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAULBEE, TOM MR
502 MIRAMAR LANE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FISCHER, ROBERT MR.
Address: 301 MIRAMAR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: P/D () Delete
Name: TAULBEE, TOM MR.
Address: 502 MIRAMAR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D () Delete
Name: HOLMES, DAN MR.
Address: 21 NORTH HEPBURN AVE. #14
City-St-Zip: JUPITER, FL 33458 US

Title: VD (X) Delete
Name: KANAREK, DEANNA MRS.
Address: 303 MIRAMAR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D () Delete
Name: BRINGLE, BARBARA MS
Address: 404 MIRMAR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D () Delete
Name: MCCANN, PAUL MR.
Address: 203 MIRAMAR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: TAULBEE, TOM MR.
Address: 502 MIRAMAR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BRINGLE, BARBARA MS
Address: 404 MIRMAR LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM TAULBEE

P/D

04/01/2005

Electronic Signature of Signing Officer or Director

Date