

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90142 035 \*\*\*\*61.25

**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**

**50003495**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**26-0027239**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME DONNELLY, MIKE  
STREET ADDRESS 5300 W. ATLANTIC AVE., STE. 300  
CITY-ST-ZIP DELRAY BEACH, FL 33484

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

TITLE DS ☒ Delete  
NAME ALEXANDER, JEFF  
STREET ADDRESS 5300 W. ATLANTIC AVE., STE. 300  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Gerry Angers  
STREET ADDRESS 16102 Mizner Club Dr  
CITY-ST-ZIP Delray Beach FL 33446

TITLE VB ☐ Change ☒ Addition  
NAME Ken Palmer  
STREET ADDRESS 16102 Mizner Club Dr  
CITY-ST-ZIP Delray Beach FL 33446

TITLE S ☐ Change ☒ Addition  
NAME Becky Davis  
STREET ADDRESS 16102 Mizner Club Dr  
CITY-ST-ZIP Delray Beach FL 33446

TITLE D ☐ Change ☒ Addition  
NAME Joan Kossay  
STREET ADDRESS 16102 Mizner Club Dr  
CITY-ST-ZIP Delray Beach FL 33446

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

*3/19/06*

Date

Daytime Phone #

*5614709499*