

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728948

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC2595427074**

**Entity Name:** MISSIONWOOD AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8381 S. MISSIONWOOD CIRCLE  
MIRAMAR, FL 33025

**Current Mailing Address:**

C/O STROEMER & COMPANY LLC  
9655 SOUTH DIXIE HIGHWAY SUITE 115  
MIAMI, FL 33156 US

**FEI Number: 59-1506683**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHENDELL & ASSOCIATES, P.A.  
635 SE 10 STREET, SUITE 635A  
DEERFIELD BEACH, FL 33441 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DALEY, HESLOP  
Address        2914 E. MISSIONWOOD LN #46C  
City-State-Zip: MIRAMAR FL 33025

Title            TREASURER  
Name            WALLERSTEIN, YACOV  
Address        3981 NORTH 42 TERRACE  
City-State-Zip: HOLLYWOOD FL 33021

Title            DIRECTOR  
Name            JOHNSON, ANGELA  
Address        3037 EAST MISSIONWOOD CIR # 59C  
City-State-Zip: MIRAMAR FL 33025

Title            SECRETARY  
Name            PEART, TURQUOISE  
Address        2922 WEST MISSIONWOOD LANE  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            GRAY, FAITH  
Address        3033 EAST MISSIONWOOD CIR  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            O'HARA, MICHAEL  
Address        3027 WEST MISSIONWOOD LANE # 35B  
City-State-Zip: MIRAMAR FL 33025

Title            VP  
Name            LAWRENCE, NADEEN  
Address        3001 EAST MISSIONWOOD LANE  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            RODRIGUEZ, JAVIER  
Address        3024 W MISSIONWOOD LANE #03D  
City-State-Zip: MIRAMAR FL 33025

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: HESLOP DALEY**

**PRESIDENT**

**01/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            BAILEY, ZONEY

Address         8351 SOUTH MISSIONWOOD CIRCLE

City-State-Zip:  MIRAMAR FL 33025