

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 728948

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

**FILED  
Jul 07, 2021  
Secretary of State  
1915601397CC**

**Current Principal Place of Business:**

8381 S. MISSIONWOOD CIRCLE  
MIRAMAR, FL 33025

**Current Mailing Address:**

C/O STROEMER & COMPANY LLC  
14400 NW 77 CT SUITE 206  
MIAMI, FL 33016 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            FISHER, ELAINE  
Address        3000 W. MISSIONWOOD LN  
City-State-Zip: MIRAMAR FL 33025

Title            TREASURER  
Name            JEAN-LOUIS, JOHNNY  
Address        16224 SW 36 DRIVE  
City-State-Zip: MIRAMAR FL 33027

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

Title            DIRECTOR  
Name            WILLIAMS, MICHELLE  
Address        8359 S. MISSIONWOOD CIRCLE  
City-State-Zip: MIRAMAR FL 33025

Title            SECRETARY  
Name            WOERDINGS, PEREZ  
Address        3034 E. MISSIONWOOD CIRCLE  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            LACOSTE, CARLINNE BERICE  
Address        3009 E. MISSIONWOOD LANE  
City-State-Zip: MIRAMAR FL 33025

Title            VP  
Name            BAILEY, ZONEY  
Address        8351 SOUTH MISSIONWOOD CIRCLE  
City-State-Zip: MIRAMAR FL 33025

*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: ELAINE FISHER**

**PRESIDENT**

**07/07/2021**

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

\_\_\_\_\_  
Date