

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008539

Entity Name: PALMA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**16102 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33446**Current Mailing Address:**16102 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33446**FEI Number: 26-0027239****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES
6111 BROKEN SOUND PARKWAY NW, SUITE 200
BOCA RATON, FL 33487 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	GRANOFSKY, JACK
Address	16102 MIZNER CLUB DR
City-State-Zip:	DELRAY BEACH FL 33446

Title	VP
Name	SFERLAZZA, CHARLES
Address	16102 MIZNER CLUB DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	BELKIN, MARK
Address	16102 MIZNER CLUB DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	SECRETARY
Name	FRIEDMAN, HOPE
Address	16102 MIZNER CLUB DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	FOGELMAN, FRED
Address	16102 MIZNER CLUB DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

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: JACK GRANOFSKY**PRESIDENT****06/17/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date