DOCUMENT# N9800000532	

Entity Name: MIZNER'S PRESERVE HOMEOWNERS ASSOCIATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD7 SUITE 219 BOCA RATON, FL 33498

## **Current Mailing Address:**

SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE 219 BOCA RATON, FL 33498 US

## FEI Number: 65-1046463

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

CAPLAN, LOUIS C/O SACHS, SAX, CAPLAN 6111 BROKEN SOUND PARKWAY NW, SUITE200 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:

S

Electronic Signature of Registered Agent

## Officer/Director Detail :

••			
Title	VP	Title	Т
Name	STOPEK, RICK	Name	YOUNG, JAMES
Address	6311 VIA VENETIA NORTH	Address	16420 VIA VENETIA NORTH
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	DELRAY BEACH FL 33484
Title	S	Title	D
Name	KAYAL, JENNIFER	Name	LITMAN, JEFF
Address	6060 VIA VENETIA S	Address	16501 VIA VENETIA E
City-State-Zip:	BOCA RATON FL 33498	City-State-Zip:	DELRAY BEACH FL 33484
Title	P	Title	DIRECTOR
Title Name	P SALAMON, IRA	Title Name	DIRECTOR THORNE, LEWIS E
Name	SALAMON, IRA 6364 D'ORSAY COURT	Name	THORNE, LEWIS E 6324 DORSAY COURT
Name Address City-State-Zip:	SALAMON, IRA 6364 D'ORSAY COURT DELRAY BEACH FL 33484	Name Address	THORNE, LEWIS E 6324 DORSAY COURT
Name Address City-State-Zip: Title	SALAMON, IRA 6364 D'ORSAY COURT DELRAY BEACH FL 33484 DIRECTOR	Name Address	THORNE, LEWIS E 6324 DORSAY COURT
Name Address City-State-Zip: Title Name	SALAMON, IRA 6364 D'ORSAY COURT DELRAY BEACH FL 33484 DIRECTOR MORTON, BRADLEY	Name Address	THORNE, LEWIS E 6324 DORSAY COURT
Name Address City-State-Zip: Title	SALAMON, IRA 6364 D'ORSAY COURT DELRAY BEACH FL 33484 DIRECTOR	Name Address	THORNE, LEWIS E 6324 DORSAY COURT

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.

GNATURE:	IRA SALAMON	PRESIDENT

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 21, 2016 Secretary of State CC4026512254

Certificate of Status Desired: No

Date