

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000532

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

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**2209573824CC**

**Current Principal Place of Business:**

SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD 7 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**

**Certificate of Status Desired: No**

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

CAPLAN, LOUIS  
C/O SACHS, SAX, CAPLAN  
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            SALAMON, IRA  
Address        6364 D'ORSAY CT  
City-State-Zip: DELRAY BEACH FL 33484

Title            VP  
Name            STOPEK, RICHARD  
Address        6311 VIA VENETIA N  
City-State-Zip: DELRAY BEACH FL 33484

Title            S  
Name            KAYAL, JENNIFER  
Address        6060 VIA VENETIA S  
City-State-Zip: BOCA RATON FL 33484

Title            TREASURER  
Name            YOUNG, JAMES  
Address        16420 VIA VENETIA E  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            RUSSO, ROBERT  
Address        6080 VIA VENETIA S  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            COHEN, JUDY  
Address        6032 VIA VENETIA N  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            SIDELL, MOSS  
Address        6241 VIA VENETIA N  
City-State-Zip: DELRAY BEACH FL 33484

*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: IRA SALAMON**

**PRESIDENT**

**02/06/2024**

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

\_\_\_\_\_  
Date