

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 257119

**Entity Name:** MIRAMAR GARDEN APARTMENTS INC

**Current Principal Place of Business:**

60 VENETIAN DRIVE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

C/O FLORIDA ONE INC.  
PO BOX 880269  
BOCA RATON , FL 33488 US

**FEI Number:** 59-1028411

**Certificate of Status Desired:** No

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

KONYK, CHELLE ESQ.  
140 INTRACOASTAL POINTE DR  
# 310  
JUPITER , FL 33477 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:** CHELLE KONYK

03/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DEVOST, STAN  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

Title            DIRECTOR  
Name            DAVIES, DENISE  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

Title            DIRECTOR  
Name            FYLNN, OWEN  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

Title            SECRETARY, DIRECTOR  
Name            MCCARRON, CONSTANCE  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

Title            VP, DIRECTOR  
Name            GOODYEAR, KIMBERLY  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

Title            TREASURER, DIRECTOR  
Name            BATES, ANDREW  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

Title            DIRECTOR  
Name            TRIPP, JOHN  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW BATES

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03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date