

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 257119

**FILED**  
**Mar 31, 2020**  
**Secretary of State**  
**7653533357CC**

**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:**

FLORIDA ONE INC. D/B/A FLORIDA ONE PROPERTY MANAGEMENT  
9825 MARINA BLVD  
SUITE 100  
BOCA RATON, FL 33428 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:** WILLIAM RUSSO

03/31/2020

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            CONLIN, ANN  
Address        C/O FLORIDA ONE  
                  PO BOX 880269  
City-State-Zip: BOCA RATON FL 33488

Title            SECRETARY, DIRECTOR  
Name            FITZHENRY, KEVIN  
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:** STAN DEVOST

**PRESIDENT**

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date