

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 363459**

1. Entity Name  
**MIRAMAR LAKES, INC.**



Principal Place of Business  
**7100-39 FAIRWAY DR  
BOX 307F  
PALM BEACH GARDENS, FL 33418 US**

Mailing Address  
**P.O. BOX 1320  
KEENE, NH 03431 US**



02022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1313802**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TATUM, THOMAS R.  
BRINKLEY MCNERNEY  
200 E. LAS OLAS BLVD. #1800  
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000090045  
03/16/04-80015-005 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BASCETTA, THOMAS J. 4101 S.W. 196TH AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHITCOMB, ROBERT 4101 S.W. 196TH AVE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TATUM, THOMAS R. 200 E. LAS OLAS BLVD. #1800 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WIRTHS, JAMES C 4101 S.W. 196TH AVE. MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James C. Wirths, President March 9, 2004 561-373-0074*