

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711359 (0)
1. Corporation Name
MIRAMAR CONDOMINIUM MANAGEMENT ASSOCIATION, INC.



Principal Place of Business
**6750 ARBOR DRIVE, APT. 203
MIRAMAR FL 33023**

Mailing Address
**6750 ARBOR DRIVE, APT. 203
MIRAMAR FL 33023**

3. Date Incorporated or Qualified
08/17/1966

3a. Date of Last Report
03/13/1995

4. FEI Number
59-1156976

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MUSICO, JOSEPH
6720 ARBOR DRIVE APT 108
MIRAMAR FL 33023

deceased

10. Name and Address of New Registered Agent

81 Name
BELLETEIR, ANTHONY

82 Street Address (P.O. Box Number is Not Acceptable)
6720 ARBOR DR. #206

83 City
MIRAMAR, FL. 33023

84 City
FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Anthony Belleteir

(NOTE: Registered Agent signature required when reinstating)

3/16/96

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUSICO, JOSEPH			1.2 NAME	BELLETEIR, ANTHONY		
STREET ADDRESS	6720 ARBOR DR. #108			1.3 STREET ADDRESS	6720 ARBOR DR. #206		
CITY-ST-ZIP	MIRAMAR, FL 00000			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEIMER, WILMA E.			2.2 NAME			
STREET ADDRESS	6750 ARBOR DRIVE #203			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCROB, EVELYN			3.2 NAME	VIERA, FRANK		
STREET ADDRESS	6740 ARBOR DR #205			3.3 STREET ADDRESS	6740 ARBOR DR. #107		
CITY-ST-ZIP	MIRAMAR FL			3.4 CITY-ST-ZIP	MIRAMAR, FL.		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILDE, FRED			4.2 NAME	WILDE, FRED		
STREET ADDRESS	6730 ARBOR DRIVE #203			4.3 STREET ADDRESS	2311 PINE TREE DR.		
CITY-ST-ZIP	MIRAMAR FL			4.4 CITY-ST-ZIP	MIRAMAR, FL.		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, LORETTA			5.2 NAME			
STREET ADDRESS	6750 ARBOR DRIVE #105			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wilma E. Weimer

3/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)