

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90017 017 ****61.25

DOCUMENT # 734957

1. Entity Name

**MIRAMAR GARDENS TOWNHOUSE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**7953 NW 53RD ST
MIAMI FL 33166**

Mailing Address

**7953 NW 53RD ST
MIAMI FL 33166**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2931960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUGGER, ROBERT A SR
7953 NORTHWEST 53 STREET
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BRINSON, CLAUDETTE
STREET ADDRESS 3908 N.W. 213 STREET
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE DT ☒ Delete
NAME DUARTE, LEONEL
STREET ADDRESS 21405 NW 39TH AVE
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE DS ☒ Delete
NAME MARSHALL, MARY
STREET ADDRESS 3728 NW 213 STREET
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE D ☐ Delete
NAME COPELAND, KENNETH
STREET ADDRESS 21441 NW 39 AVE.
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE D ☐ Delete
NAME RYLAND, VIOLET
STREET ADDRESS 3863 NORTHWEST 213 STREET
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE DVP ☐ Delete
NAME BECKLES, BARBARA
STREET ADDRESS 3865 NORTHWEST 213 STREET
CITY-ST-ZIP OPA LOCKA FL 33055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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

3/2/07

Daytime Phone #