

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Tallahassee, Florida

APPROVED  
AND  
FILED

DOCUMENT # **750954** (0)

MAY - 1 11 1995

MIRAMAR HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 32206, PALM BEACH GARDENS FL 33420-9206  
Mailing Address: P.O. BOX 32206, PALM BEACH GARDENS FL 33420-9206

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 02/06/1980  
3a. Date of Last Report: 03/18/1994

4. FEI Number: 59-2144524  
Applied For: Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: 21a. Mailing Address  
22. Suite, Apt. #, etc.: 22a. Suite, Apt. #, etc.  
23. City & State: 23a. City & State  
24. Zip: 24a. Country

9. Name and Address of Current Registered Agent  
TAULBEE, TOM  
502 MIRAMAR LANE  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
11.1 TITLE: VD	11.2 NAME: FISCHER, ROBERT	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11.3 STREET ADDRESS: 301 MIRAMAR LANE	11.4 CITY, ST, ZIP: PALM BCH GARDENS FL	13.2 NAME:	
11.5 STREET ADDRESS: 301 MIRAMAR LANE	11.6 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.3 STREET ADDRESS:	
11.7 TITLE: PD	11.8 NAME: TAULBEE, TOM	13.4 CITY, ST, ZIP:	
11.9 STREET ADDRESS: 502 MIRAMAR LANE	11.10 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.5 NAME:	
11.11 STREET ADDRESS: 502 MIRAMAR LANE	11.12 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.6 STREET ADDRESS:	
11.13 TITLE: VD	11.14 NAME: KOZLOWSKI, LORRAINE	13.7 CITY, ST, ZIP:	
11.15 STREET ADDRESS: 102 MIRAMAR LANE	11.16 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.8 NAME:	
11.17 STREET ADDRESS: 102 MIRAMAR LANE	11.18 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.9 STREET ADDRESS:	
11.19 TITLE: VD	11.20 NAME: KANAREK, DEANNA	13.10 CITY, ST, ZIP:	
11.21 STREET ADDRESS: 303 MIRAMAR LANE	11.22 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.11 NAME:	
11.23 STREET ADDRESS: 303 MIRAMAR LANE	11.24 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.12 STREET ADDRESS:	
11.25 TITLE: SD	11.26 NAME: WARFIELD, RICHARD	13.13 CITY, ST, ZIP:	
11.27 STREET ADDRESS: 101 MIRAMAR LANE	11.28 CITY, ST, ZIP: PALM BCH GARDENS FL	13.14 NAME:	
11.29 STREET ADDRESS: 101 MIRAMAR LANE	11.30 CITY, ST, ZIP: PALM BCH GARDENS FL	13.15 STREET ADDRESS:	
11.31 TITLE: VD	11.32 NAME: MOORE, JOHN ERIC	13.16 CITY, ST, ZIP:	
11.33 STREET ADDRESS: 3840 BUTTERCUP CIRCLE, N	11.34 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.17 NAME:	
11.35 STREET ADDRESS: 3840 BUTTERCUP CIRCLE, N	11.36 CITY, ST, ZIP: PALM BEACH GARDENS FL	13.18 STREET ADDRESS:	
11.37 CITY, ST, ZIP: PALM BEACH GARDENS FL		13.19 CITY, ST, ZIP:	

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 member 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: Tom Taulbee **TOM TAULBEE** 04/27/95 (407) 627-5697