

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750954 (0)

1. Corporation Name

MIRAMAR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 32206
PALM BEACH GARDENS FL 33420-9206

P.O. BOX 32206
PALM BEACH GARDENS FL 33420-9206

3. Date Incorporated or Qualified

02/06/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH GARDENS FL 33410

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	FISCHER, ROBERT	
STREET ADDRESS	301 MIRAMAR LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	PD	☐ DELETE
NAME	TAULBEE, TOM	
STREET ADDRESS	502 MIRAMAR LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	☐ DELETE
NAME	KOZLOWSKI, LORRAINE	
STREET ADDRESS	102 MIRAMAR LANE	
CITY-ST-ZIP	PLAM BEACH GARDENS FL	
TITLE	VD	☐ DELETE
NAME	KANAREK, DEANNA	
STREET ADDRESS	303 MIRAMAR LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	☐ DELETE
NAME	WARFIELD, RICHARD	
STREET ADDRESS	101 MIRAMAR LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VD	☐ DELETE
NAME	MOORE, JOHN ERIC	
STREET ADDRESS	3840 BUTTERCUP CIRCLE, N	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/96 (407)627-5657

CR2E037 (12/95)