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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33420-2206

3. Date Incorporated or Qualified: 02/06/1980
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, ROBERT		1.2 NAME	
STREET ADDRESS	301 MIRAMAR LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAULBEE, TOM		2.2 NAME	
STREET ADDRESS	502 MIRAMAR LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOZLOWSKI, LORRAINE		3.2 NAME	
STREET ADDRESS	102 MIRAMAR LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLAM BEACH GARDENS FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KANAREK, DEANNA		4.2 NAME	
STREET ADDRESS	303 MIRAMAR LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WARFIELD, RICHARD		5.2 NAME	
STREET ADDRESS	101 MIRAMAR LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, JOHN ERIC		6.2 NAME	
STREET ADDRESS	3840 BUTTERCUP CIRCLE, N		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tom Taulbee TOM TAULBEE 03/17/97 (561)627-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041599