**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Mar 10, 1999 8:00 am**
**Secretary of State**
03-10-1999 90062 016 ****61.25

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DOCUMENT # **750954**

1. Corporation Name

**MIRAMAR HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 32206<br>PALM BEACH GARDENS FL 33420-9206 | P.O. BOX 32206<br>PALM BEACH GARDENS FL 33420-9206 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip 24 Country 25 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip 29 Country 30 | 3. Date Incorporated or Qualifed<br>02/06/1980<br>4. FEI Number<br>59-2144524 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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 | HOLMES, DAN | | 3.2 NAME | | |
| STREET ADDRESS | 12300 ALT A1A #110 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLAM BEACH GARDENS FL 33410 | | 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 (11/98)

14. I 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 with all other like empowered.

**SIGNATURE:** SIGN HERE TAULBEE 03/03/99 561 627-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #