

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750954

1. Entity Name

MIRAMAR HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90034 035 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2144524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH GARDENS FL 33410

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISCHER, ROBERT 301 MIRAMAR LANE PALM BCH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAULBEE, TOM 502 MIRAMAR LANE PALM BEACH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLMES, DAN 12300 ALT A1A #110 PLAM BEACH GARDENS FL 33410	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KANAREK, DEANNA 303 MIRAMAR LANE PALM BEACH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARFIELD, RICHARD 101 MIRAMAR LANE PALM BCH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JOHN ERIC 3840 BUTTERCUP CIRCLE, N PALM BEACH GARDENS FL	☐ Delete

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

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/2000 541 627-5457

Date

Daytime Phone #

CR2E037 (9/99)