

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750954

1. Entity Name

MIRAMAR HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete

VD
FISCHER, ROBERT
301 MIRAMAR LANE
PALM BCH GARDENS FL

TITLE NAME ☐ Delete

PD
TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH GARDENS FL

TITLE NAME ☐ Delete

VD
HOLMES, DAN
12300 ALT A1A #110
PLAM BEACH GARDENS FL 33410

TITLE NAME ☐ Delete

VD
KANAREK, DEANNA
303 MIRAMAR LANE
PALM BEACH GARDENS FL

TITLE NAME ☐ Delete

SD
WARFIELD, RICHARD
101 MIRAMAR LANE
PALM BCH GARDENS FL

TITLE NAME ☒ Delete

VD
MOORE, JOHN ERIC
3840 BUTTERCUP CIRCLE, N
PALM BEACH GARDENS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

D
McCann, Paulb P.
203 Miramar Lane
Palm Beach Gardens, FL 33410

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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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:

TOM TAULBEE 04/26/01 561 627-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91098 004 ****61.25

D0047678



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2144524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)