

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90320 032 ***150.00

DOCUMENT # L35924

1. Entity Name
MIRAMAR PLAZA ASSOCIATES, INC.



Principal Place of Business
**C/O RONALD L. COLLIER
240 S. PINEAPPLE
SARASOTA, FL 34236-6783**

Mailing Address
**711 S OSPREY AVE
STE 1
SARASOTA, FL 34236 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0160234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, MINDY K
7115 S OSPREY AVE
STE 1
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **Mindy K Parker**
Street Address (P.O. Box Number is Not Acceptable)
711 S. Osprey Ave Ste 1
City **Sarasota** FL Zip Code **34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mindy K Parker**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, GARY	
STREET ADDRESS	1879 PROSPECT ST	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KALIN, EDWARD L.	
STREET ADDRESS	5252 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARKER, MINDY K	
STREET ADDRESS	7115 S OSPREY AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Mindy K	
STREET ADDRESS	711 S. Osprey Ave	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

Mindy K Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

941-914-4077

Daytime Phone #