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Secretary of State

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2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000000926

1. Entity Name
SAN MARINO AT MIZNER COUNTRY CLUB
NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
16102 MIZNER CLUB DR.
DELRAY BEACH, FL 33446

Mailing Address
C/O CAMPBELL PROPERTY MANAGEMENT
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

66008821



02212006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1034291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MANAGEMENT
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

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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

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

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KESSLER, MITCHELL 15927 LAUREL CREEK DR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PHILLIPS, CAROL 16039 LAUREL CREEK DR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FELDMAN, WAYNE 15950 LAUREL CREEK DR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TREFLER, MARTY 16015 LAUREL CREEK DR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, ELEANOR 16014 LAUREL CREEK DRIVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 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 power like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

MITCHELL KESSLER PRES 5/1/05