2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000926

Address:

City-St-Zip:

DELRAY BEACH, FL 33446

FILED Mar 26, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 16102 MIZNER CLUB DR. DELRAY BEACH, FL 33446 **Current Mailing Address: New Mailing Address:** 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446 FEI Number: 65-1034291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL PROPERTY MANAGEMENT 1215 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COHEN, RICHARD Name: Name: 16102 MIZNER CLUB DR Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: Title: (X) Change () Addition () Delete PHILLIPS, CAROL Name: PHILLIPS, CAROL Name: Address: 16039 LAUREL CREEK DR. Address: 16102 MIZNER CLUB DR City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446 Title: () Delete Title: (X) Change () Addition FELDMAN, WAYNE FELDMAN, WAYNE Name: Name: 15950 LAUREL CREEK DR. 16102 MIZNER CLUB DR Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446 (X) Change () Addition Title: () Delete Title: Name: TREFLER, MARTY Name: TREFLER, MARTY 16015 LAUREL CREEK DR. Address: Address: 16102 MIZNER CLUB DR City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446 Title: () Delete Title: (X) Change () Addition MATTHEWS, VICTORIA BEAUDOIN, PAULA Name: Name: 16102 MIZNER CLUB DR 16102 MIZNER CLUB DR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

DELRAY BEACH, FL 33446

SIGNATURE: RICHARD COHEN **PRES** 03/26/2009