

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90015 022 ****70.00

DOCUMENT # N00000007941

1. Entity Name

**FLORENZA AT MIRASOL PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

**C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1058345

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

**ISAACSON, WILLIAM
C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

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. 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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SPINA, DENNIS
116 VIA FLORENZA
PALM BEACH GARDENS FL 33418** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**President
Barbara Lustrin
107 Via Florenza
PBG, FL 33418** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
CHANDON, KAREN
121 VIA FLORENZA
PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Chandon, Karen ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
BROWN, THOMAS
134 VIA FLORENZA
PALM BEACH GARDENS FL 33418** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Secretary
Monty Davis
105 Via Florenza
PBG, FL 33418** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
STILLMAN, MARVIN
111 VIA FLORENZA
PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Director
Beverly Littleman
125 Via Florenza
PBG, FL 33418** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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 exemptions contained in Section 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 other life empowered.

SIGNATURE:

Barbara Lustrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #