

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006132

1. Entity Name

PLAYA RIENTA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

11400 NURSERY LANE
PALM BEACH GARDENS FL 33418

Mailing Address

8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON FL 34202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1132944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

PESHKIN, JOHN R
C/O TAYLOR WOODROW COMMUNITIES
8430 ENTERPRISE CIRCLE, SUITE 100
BRADENTON FL 34202

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERNA, CRAIG A 1400 NURSERY LANE PALM BEACH GARDENS FL 33418 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHOROST, AARON 1400 NURSERY LANE PALM BEACH GARDENS FL 33418 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKAN, STEVEN A 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON FL 34202 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Perna Craig A 11400 Nursery Lane Palm Beach Gardens, FL 33418 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Chorost, Aaron 11400 Nursery Lane Palm Beach Gardens, FL 33418 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S/T Bakan, Steven A. 8430 Enterprise Circle, Suite 100 Bradenton, FL 34202 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig A Perna
CRAIG A PERNA

Date

Daytime Phone #

2.1.02

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90165 009 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)