2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100006132

Entity Name

## PLAYA RIENTA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.



Jan 30, 2003 8:00 am Secretary of State

**FILED** 

01-30-2003 90108 034 \*\*\*\*70.00

Principal Place of Business			Mailing Address	Mailing Address						
11400 NURSERY LANE PALM BEACH GARDENS FL 33418			8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON FL 34202			10010212				
2. Principal P	lace of Busin	ess	3. Mailing Address	~						
Critic Act II also			21045 Commercial Trail			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEi Number 65-1132944 Applied For Not Applicable				
Zip		Country	Boca Raton, Zip 33486	USA	ıntry	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require	ditional d	
	6. Name	and Address of Current F	legistered Agent				7. Name and Address of New Registered Agent			
•	ر سره				Name: 11 i a	m~K.~Isaacsor	) ~~	- جوبيها -	-	
C/O TAY		ROW COMMUNITIES		Street Address			(P.O. Box Number is Not Acceptable) ng Management Company			
		IRCLE, SUITE 100		21045			Commercial Trail			
BRADEN	TON FL 342	02 			City Boca R	Raton	F	Zip Cod	e 33486	
8. The above	named entity	submits this statement for	the purpose of changing its	register	ed office or regist	ered agent, or both, in th	ne State of Florida. I a	m familiar with,	and accept	
the obligat	ions of registe	ered agent.	1-1			. ~	2/			
							1/- 20-	-° >		
SIGNATURE .	Stonature typed o	or printed name of registered agent ar	nd title if applicable (NOTI	F: Registere	d Agent signature require	red when reinstating)	DATE	<del></del> :	<del></del> -	
		·								
I	FEE IS \$61.25	<b>9.</b> Election Car Trust Fund C		~ —	\$5.00 May Be Added to Fees	Make Che Florida Dep	ck Payable artment of S			
10.		OFFICERS AND DIR	CTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE	D		☐ Delete	TITLE			<u>-</u>	☐ Change	☐ Addition	
NAME	PERNA, CI			NAM	I					
STREET ADDRESS		RSERY LANE			ET ADDRESS				1	
CITY-ST-ZIP		CH GARDENS FL 3341		CHY	-ST-ZIP			····		
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NAME	CHOROST	•		NAM	· ,	-	*			
STREET ADDRESS CITY-ST-ZIP		rsery Lane Ch Gardens FL 3341:	<b>.</b>		ET ADDRESS - ST- ZIP					
	DST	UN GARDENS FL 334 I		_		<del></del>			C To A delition	
TITLE NAME	BAKAN, S	TEVEN A	Delete	TITLE	, <del>-</del>		Andrew - Andrew Comment	Change	☐ Addition	
STREET ADDRESS		ERPRISE CIRCLE, SUITE	100	8	ET ADDRESS				ł	
CITY-ST-ZIP		ON FL 34202	. 100	CITY	-ST-ZiP					
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NAME			_ 25000	NAM	I					
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TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAMI	ľ				j	
STREET ADDRESS					ET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:** 

PANETURE SEQUENTIATION Charast 1/8/03