

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 05, 2009
Secretary of State

DOCUMENT# N01000006554

Entity Name: DEL PRADO AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**16102 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33446**New Principal Place of Business:****Current Mailing Address:**C/O CAMPBELL PROPERTY MANAGEMENT
16102 MIZNER CLUB DR
DELRAY BEACH, FL 33446**New Mailing Address:****FEI Number:** 26-0027226 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMPBELL PROPERTY MANAGEMENT
16102 MIZNER CLUB DR
DELRAY BEACH, FL 33446 US**Name and Address of New Registered Agent:**

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:**Title:** P () Delete
Name: DONNELLY, MICHAEL
Address: 16102 MIZNER CLUB DR
City-St-Zip: DELRAY BEACH, FL 33446**Title:** VP () Delete
Name: BLUM, RONALD
Address: 16102 MIZNER CLUB
City-St-Zip: DELRAY BEACH, FL 33446**Title:** D () Delete
Name: TIGHT, BRIAN
Address: 16102 MIZNER CLUB DR
City-St-Zip: DELRAY BEACH, FL 33446**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: DECHABERT, ALEX
Address: 16102 MIZNER CLUB DR
City-St-Zip: DELRAY BEACH, FL 33446**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BRIAN TIGHT

D

05/05/2009

Electronic Signature of Signing Officer or Director

Date