2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-30-2004 90307 044 ****61.25
N00000000429

DOCUMENT # N00000000429

1. Entity Name
CAPRI AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

FILED
04 JUN -3 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
16450 ONE MILE ROAD (LYONS) DELRAY BEACH FL 33446	3103 PHILMONT AVENUE HUNTINGDON VALLEY PA 19006

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
16102 Mizner Club Drive	c/o Campbell Property Management
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1215 E Hillsboro Blvd
City & State Delray Beach FL	City & State Deerfield Beach, FL
Zip 33446 Country Palm Beach	Zip 33441 Country Broward

4. FEI Number 65-1034285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Campbell Property Management
1215 E Hillsboro Blvd
Deerfield Beach, FL 33441

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 Brian Tight (Property Manager) Brian Tight 4/28/2004
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 Due By May 1, 2004

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	PD DONNELLY, MICHAEL 5300 WEST ATLANTIC AVENUE #300 DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800037814678 06/09/04--01065--026 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD PEASE, JOSEPH 5300 WEST ATLANTIC AVENUE #300 DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALEXANDER, JEFFREY 5300 WEST ATLANTIC AVENUE #300 DELRAY BEACH FL 33484	☐ 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 PRESIDENT 03-04
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 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] (Joe Pease) 4-27-04 561 688-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #