

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 21, 2007  
Secretary of State**

DOCUMENT# N05342

Entity Name: THE MIRAMAR II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9960 S OCEAN DR  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

9960 S OCEAN DR  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 59-2574660      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROOT, VERNON  
9960 SOUTH OCEAN DRIVE  
JENSEN BEACH, FL 34957      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: PD      ( ) Delete  
Name: RAFFIN, GIND  
Address: 9960 SOUTH OCEAN DRIVE UNIT 1503  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VPD      ( ) Delete  
Name: ZBIN, DON  
Address: 9960N SOUTH OCEAN DRIVE UNIT 405  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD      ( ) Delete  
Name: MILICI, ROBERT  
Address: 9960 S OCEAN DRIVE UNIT 1002  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD      ( ) Delete  
Name: JOHNSON, GLORIA I  
Address: 9960 SOUTH OCEAN DRIVE UNIT 402  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D      (X) Delete  
Name: RAFFIN, GINO  
Address: 9960 SOUTH OCEAN DRIVE UNIT 1503  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D      ( ) Delete  
Name: MACCHIA, GAETANO  
Address: 9960 SOUTH OCEAN DRIVE UNIT 902  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: RAFFIN, GINO  
Address: 9960 SOUTH OCEAN DRIVE UNIT 1503  
City-St-Zip: JENSEN BEACH, FL 34957

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: VERNON ROOT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MANA

03/21/2007

\_\_\_\_\_  
Date