

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


02-15-2007 90037005 \*\*\*\*70.00

N06000008787

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 12 AM 8:15

<b>DOCUMENT # N06000008787</b> 1. Entity Name <b>MURANO HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business 4788 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33319	Mailing Address 4788 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33319
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	4. FEI Number <b>87-0786473</b>
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HOME DYNAMICS MURANO, LLC 4788 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33319	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SCHACK, MICHAEL	TITLE	
NAME	4788 WEST COMMERCIAL BLVD	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33319	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD DELFINO, ALEJANDRO	TITLE	
NAME	4788 WEST COMMERCIAL BLVD	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33319	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST HANLEY, MICHAEL	TITLE	
NAME	4788 WEST COMMERCIAL BLVD	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33319	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: <b>1/30/07</b>	Daytime Phone #
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