

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90050 009 ****61.25

DOCUMENT # N13436					
1. Entity Name MIRAMAR CLUB HOMES ASSOCIATION, INC.					
Principal Place of Business 3413 FOXCROFT RD. MIRAMAR, FL 33025 US			Mailing Address 3413 FOXCROFT RD. MIRAMAR, FL 33025 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02212006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2656928	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MYERS, DIONNE E 3413 FOXCROFT RD. MIRAMAR, FL 33025				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	PD <input checked="" type="checkbox"/> Delete			TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERRY, NATHANIAL			NAME	JAMES WHITEFIELD
STREET ADDRESS	3409 FOXCROFT RD			STREET ADDRESS	3468 FOXCROFT RD
CITY-ST-ZIP	MIRAMAR, FL 33025			CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	TD <input type="checkbox"/> Delete			TITLE	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, DIONNE			NAME	
STREET ADDRESS	3413 FOXCROFT ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33025			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, LETICIA			NAME	
STREET ADDRESS	3419 FOXCROFT RD.			STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33025			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	FLEN MOBLEY
STREET ADDRESS				STREET ADDRESS	3423 FOXCROFT RD
CITY-ST-ZIP				CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Dionne Myers</i>			Date: <i>February 20, 2006</i>		Daytime Phone #: <i>954 801-5864</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #