



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90082 036 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N33850</b><br>1. Entity Name<br><b>MIZNER FOREST HOMEOWNERS' ASSOCIATION, INC.</b>   |  |  |  |    |  |
| Principal Place of Business<br><b>6700 NW BROKEN SOUND PKWY<br/>SUITE 203<br/>BOCA RATON, FL 33487 US</b>  |  |  | Mailing Address<br><b>21 SE 5TH ST<br/>100<br/>BOCA RATON, FL 33432 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>21 SE 5TH STREET</b><br>Suite, Apt. #, etc.<br><b>#100</b>  |  | 3. Mailing Address<br><b>21 SE 5TH ST</b><br>Suite, Apt. #, etc.<br><b>#100</b>  |  | <b>40075813</b><br>   |  |
| City & State<br><b>BOCA RATON FL</b>   |  | City & State<br><b>BOCA RATON</b>  |  | 4. FEI Number<br><b>65-0533999</b>  |  |
| Zip<br><b>33432</b>  |  | Country<br><b>U.S.A.</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ELIAS, HOWARD<br/>6700 NW BROKEN SOUND PKWY<br/>SUITE 203<br/>BOCA RATON, FL 33487</b>   |  |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>21 SE 5TH STREET #100</b><br><b>BOCA RATON FL</b> Zip Code <b>33432</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>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>  |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P MACI<br/>MACI, PAUL</b> <input type="checkbox"/> Delete<br><b>1505 ADDISON AVE<br/>BOCA RATON, FL 33486</b>     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD<br/>STERRETT, MICHAEL</b> <input type="checkbox"/> Delete<br><b>1495 ADDISON AVE<br/>BOCA RATON, FL 33486</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>LEONARD F. KLEIN</b> <input type="checkbox"/> Delete<br><b>1698 SW 17TH ST.<br/>BOCA RATON, FL 33486</b>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T ARBE<br/>ARBE, RANDY</b> <input type="checkbox"/> Delete<br><b>1699 SW 15TH ST.<br/>BOCA RATON, FL 33486</b>    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>PENNA, JOSE</b> <input type="checkbox"/> Delete<br><b>1595 ADDISON AVE<br/>BOCA RATON, FL 33486</b>         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <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. |  |  |  |   |  |
| <b>SIGNATURE:</b> <u><i>P Maci</i></u> <span style="float: right;"><u>4/18/07</u></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>   |  |  |  |   |  |