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NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

433 PLAZA REAL



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37134

(6)

Mailing Address 433 PLAZA REAL

MIZNER PARK MAINTENANCE ASSOCIATION, INC.

| BOCA RATON FL 33432 US | | BOCA RATON FL 33432-3946 US | | 3. Date Incorporated or Qualified | | | | |
|--|-----------------------------------|--------------------------------|---------------------------|---|--|-------------------------|---------------------------------------|--|
| 2 Principal Pl | ace of Business | 2a. Mailing Address | ···· | | 4. FEI Number | | | |
| 2. Principal Place of Business | | 26 | | 65-0246995 | | plied For Applicable | | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | <u> </u> | | 5 O. 17 11 - 1011 - D. 11 - 1 | 40 75 . | | |
| 22 27 | | | | | 5. Certificate of Status Desired | Fee Re | | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for in | | 199.032, | |
| 24 | 25 9. Name and Address of Current | 29 3 | 0 | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | |
| | g, Name and Address of Current | Legistered Wasir | 81 | Name | 10. Hamis and Address of New Ast | herelen våelir | · · · · · · · · · · · · · · · · · · · | |
| WALKER, H. WILLIAM, JR. | | | | | | | | |
| % WHITE & CASE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 200 S. BISCAYNE BLVD. | | | 83 | 83 | | | | |
| MIAMI FL 33131 | | | | | | | | |
| MIPARY I E 60101 | | | 84 | City | | FL 65 Zip C | Code | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere | | | | nt eignature requir | red when reinstating) | DATE | 0.01.40 | |
| 12. | OFFICERS AND | DELETE DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | EHS AND DIRECTOR | S IN 12 | |
| TITLE | CROCKER, THOMAS J. | [DEFEIR | 1.2 NAME | Ī | | ட்டி புவலில | L Addition | |
| NAME | AND DIAMA MPAK AND | | 1.3 STREET | ADDOCCO | | | | |
| STREET ADDRESS CITY-ST-ZIP | DOOL DATON FI | | 1.4 CITY-S | | £ - | | | |
| TITLE | | | 2.1 TITLE | 1-21 | | Change | Addition | |
| NAME | ACKERMAN, RICHARD S. | | 2.2 NAME | | | | | |
| STREET ADDRESS | AND DE AND MEET AND | | | ADDRESS | | | | |
| CITY-ST-ZIP | DOOL BLECK E | | 2. 4 CITY -: | ST-ZIP | | | | |
| TITLE | | | 3.1 TITLE | | | ☐ Change | Addition | |
| NAME | ONISKO, ROBERT E. 32 | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | ADDRESS | • | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | |
| TITLE | DELETE 4.1 | | 4.1 TITLE | | • | Change | Addition | |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.9 STREET | | | | | |
| CITY - ST - ZIP TITLE | | DELETE | 4.4 CITY - S 5.1 TITLE | 1-21P | <u> </u> | Change | Addition | |
| NAME | | C. J OLECTIC | 5.2 NAME | . | (1/1) | only | Li riddillon | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | VID | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | | Ŋ | | | |
| THILE | | DELETE | 6.1 TITLE | , FIII | | Change | Addition | |
| NAME | | | 62 NAME | j | 80000219 -05/28/970108 | ぶんま は 15000 | | |
| STREET ADDRESS | 635 | | | ADDRESS | -U5/28/3[U108 | 15 ""U55 | | |
| CITY-ST-2IP | | | 64 CITY-5 | T- ZIP | ***81.25 | | | |
| 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that | | | | | | | | |
| I am an office or of the Corporation of the receiver of the receive | | | | | | | | |
| appears in block 12 of block 13 if changed, of the art reconstruction and address. | | | | | | | | |
| SIGNATURE: 4 25 9 (561) 395 9666 | | | | | | | | |
| SOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayone Phone 0038903 | | | | | | | | |