FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N37134

1. Corporation Name

MIZNER PARK MAINTENANCE ASSOCIATION, INC.

	•	
Principal Place of Business	Mailing Address	
433 PLAZA REAL 335 BOCA RATON FL 33432 US	433 PLAZA REAL 335 BOCA RATON FL 33432 US	
2. Principal Place of Business	2a. Mailing Address	

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433 PLAZA RE 335 BOCA RATON US	335						
}	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 03/19/1990		
21 Cuita Ant	# -10	Suite, Apt. #, etc.			4. FEI Number	Applied For	
Suite, Apt.	#, etc.	27			65-0246995	Not Applicable	
City & State	9	City & State				\$8.75 Additional	
23	•	28			5. Certifcate of Status Desired	Fee Required	
Zip	Country	Zip Country		6. Election Campaign Financing	\$5.00 May Be		
24	25	29 30	<u> </u>		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
	•		81	Name	•		
WALKER,	H. WILLIAM, JR.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
% WHITE			83	 			
	SCAYNE BLVD.			,			
MIAMI FL	33131		84	City	FI	85 Zip 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 age	nt and title if applicable. (NOTE: Reg	istered Age	nt signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	CROCKER, THOMAS J.		1.2 NAME				
STREET ADDRESS	433 PLAZA REAL 335		1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	ST-ZIP			
TITLE	DV	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	ACKERMAN, RICHARD S.		2.2 NAME				
STREET ADDRESS	433 PLAZA REAL 335		2.3 STREE	TADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-5	ST-ZIP		Change Addition	
TITLE	DST	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME	ONISKO, ROBERT E.		3.2 NAME				
STREET ADDRESS	433 PLAZA REAL 335		ŀ	TADDRESS			
CITY-ST-ZIP	BOCA RATON FL	□ DELETE	3.4. CITY-5	ST-ZIP		☐ Change ☐ Addition	
TITLE	,	□ vcreie	4.1 TITLE 4.2 NAME				
NAME				T ADDRESS		Į	
STREET ADDRESS			4.3 STREE				
TITLE		☐ DELETE	5.1 TITLE	1-21-		☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			1	TADDRESS		Ì	
CITY-ST-ZIP			5.4 CITY-S			•	
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
GINLEI MODINESS			BACITY.S	T. 710			

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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 12 or Block 13 if changed, or or an attack month with an address, with all other like empowered.

SIGNATURE: