

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91178 009 ****61.25

DOCUMENT # N37134

1. Entity Name

MIZNER PARK MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

433 PLAZA REAL
 335
 BOCA RATON FL 33432
 US

Mailing Address

433 PLAZA REAL
 335
 BOCA RATON FL 33432
 US

2. Principal Place of Business

433 PLAZA REAL

Suite, Apt. #, etc.

SUITE 355

City & State

BOCA RATON FL

Zip

33432

Country

FL

3. Mailing Address

433 PLAZA REAL

Suite, Apt. #, etc.

SUITE 355

City & State

BOCA RATON FL

Zip

33432

Country

FL

6. Name and Address of Current Registered Agent

WALKER, H. WILLIAM, JR.
% WHITE & CASE
200 S. BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **CROCKER, THOMAS J.**
 STREET ADDRESS **433 PLAZA REAL 335**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DV** ☐ Delete
 NAME **ACKERMAN, RICHARD S.**
 STREET ADDRESS **433 PLAZA REAL 335**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DST** ☐ Delete
 NAME **ONISKO, ROBERT E.**
 STREET ADDRESS **433 PLAZA REAL 335**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

12. 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 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

Walter J. Krasa

AS AGENT FOR CODINA

REAL ESTATE MENTOR 4/30/01 561-362-0606

A0071543



DO NOT WRITE IN THIS SPACE