2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N46447

Entity Name: VIA MIZNER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

45 VIA MIZNER, WORTH AVE.
PALM BEACH, FL 33480 US

New Principal Place of Business:

90 VIA MIZNER, WORTH AVE.
PALM BEACH, FL 33480 US

Current Mailing Address:

45 VIA MIZNER, WORTH AVE.
PALM BEACH, FL 33480 US

New Mailing Address:

90 VIA MIZNER, WORTH AVE.
PALM BEACH, FL 33480 US

FEI Number: 65-0315626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TARONE, THEODORE T JR, ESQ
180 ROYAL PALM WAY
SUITE 201
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	KEAN, IAN M.,	
Address:	45 VIA MIZNER, WORTH AVE.	
City-St-Zip:	PALM BEACH, FL	
Title:	ST	( ) Delete
Name:	PAVLAKIS, ELIZABETH, A.	
Address:	45 VIA MIZNER, WORTH AVE.	
City-St-Zip:	PALM BEACH, FL	
Title:	VP	( ) Delete
Name:	FOSTER, RIDGELY	
Address:	64 VIA MIZNER	
City-St-Zip:	PALM BEACH, FL	
Title:	D	( ) Delete
Name:	ADAMS, NICHOLAS C	
Address:	ONE VIA MIZNER	
City-St-Zip:	PALM BEACH, FL	
Title:	VP	( ) Delete
Name:	BRIDGES, DIGBY	
Address:	18 VIA MIZNER	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	MAASS, ROBB R	
Address:	75 VIA MIZNER	
City-St-Zip:	PALM BEACH, FL 33480 FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORAD AMIRSALEH MGRM 05/01/2007
Electronic Signature of Signing Officer or Director — Date