## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N46447

TI FILED
Oct 30, 2007
Secretary of State

Entity Name: VIA MIZNER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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 ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:D (X) Change () AdditionName:KEAN, IAN M.,Name:AMIRNIROUMAND, ALIAddress:45 VIA MIZNER, WORTH AVE.Address:90 VIA MIZNER, WORTH AVE.City-St-Zip:PALM BEACH, FL33480

Title: ST ( ) Delete Title: D (X) Change ( ) Addition

Name: PAVLAKIS, ELIZABETH, A. Name: AMIRSALEH, MORAD

Address: 45 VIA MIZNER, WORTH AVE. Address: 90 VIA MIZNER, WORTH AVENUE

City-St-Zip: PALM BEACH, FL City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FOSTER, RIDGELY
 Name:

 Address:
 64 VIA MIZNER
 Address:

 City-St-Zip:
 PALM BEACH, FL
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ADAMS, NICHOLAS C
 Name:

 Address:
 ONE VIA MIZNER
 Address:

 City-St-Zip:
 PALM BEACH, FL
 City-St-Zip:

 Name:
 BRIDGES, DIGBY
 Name:

 Address:
 18 VIA MIZNER
 Address:

 City-St-Zip:
 PALM BEACH, FL 33480
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MAASS, ROBB R
 Name:

 Address:
 75 VIA MIZNER
 Address:

 City-St-Zip:
 PALM BEACH, FL 33480 FL
 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 D 10/30/2007