

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90011 015 \*\*\*\*62.25

**DOCUMENT # N46447**



1. Entity Name

VIA MIZNER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



01282008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0315626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME AMIRNIROUMAND, ALI  
STREET ADDRESS 90 VIA MIZNER, WORTH AVE.  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D  
NAME AMIRSALEH, MORAD  
STREET ADDRESS 90 VIA MIZNER, WORTH AVENUE  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D  
NAME MAASS, ROBB R  
STREET ADDRESS 75 VIA MIZNER  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/08