

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90026 039 ****61.25

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1. Entity Name
THE UNITED NEIGHBORS OF EAST MIRAMAR, INC.



Principal Place of Business
6100 SW 21ST ST.
MIRAMAR, FL 33023

Mailing Address
6100 SW 21ST ST.
MIRAMAR, FL 33023

60007086



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
64-0485023

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYNOR, MARY
6100 SW 21ST STREET
MIRAMAR, FL 33023

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. 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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **DUNHAM, SHERON**
STREET ADDRESS **2110 SW 66 AVE**
CITY - ST - ZIP **MIRAMAR, FL 33023**

TITLE **DP** ☐ Delete
NAME **RAYNOR, MARY**
STREET ADDRESS **6100 SW 21ST ST.**
CITY - ST - ZIP **MIRAMAR, FL**

TITLE **DS** ☐ Delete
NAME **GALLAGER, CECILIA**
STREET ADDRESS **7790 JUNIPER ST**
CITY - ST - ZIP **MIRAMAR, FL 33023**

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
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **Scilabba, Debbie**
STREET ADDRESS **6490 SW 26 ST**
CITY - ST - ZIP **MIRAMAR FL 33023**

TITLE ☐ Change ☒ Addition
NAME **Richards, Doreen**
STREET ADDRESS **7636 Ramona St**
CITY - ST - ZIP **MIRAMAR FL 33023**

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

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 #

1-23-06 **954**
9814589