


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

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90022 029 ****61.25

DOCUMENT # N94000001824	
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
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 64-0485023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAYNOR, MARY 6100 SW 21ST STREET MIRAMAR, FL 33023

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNHAM, SHERON 2110 SW 66 AVE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, MARY 6100 SW 21ST ST. MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALLAGER, CECILIA 7790 JUNIPER ST MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCIALABBA, DEBBIE 6490 SW 26ST MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHARDS, DOREEN 7636 RAMONA ST. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.	
SIGNATURE: <i>Debra Scialabba</i>	04/21/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>